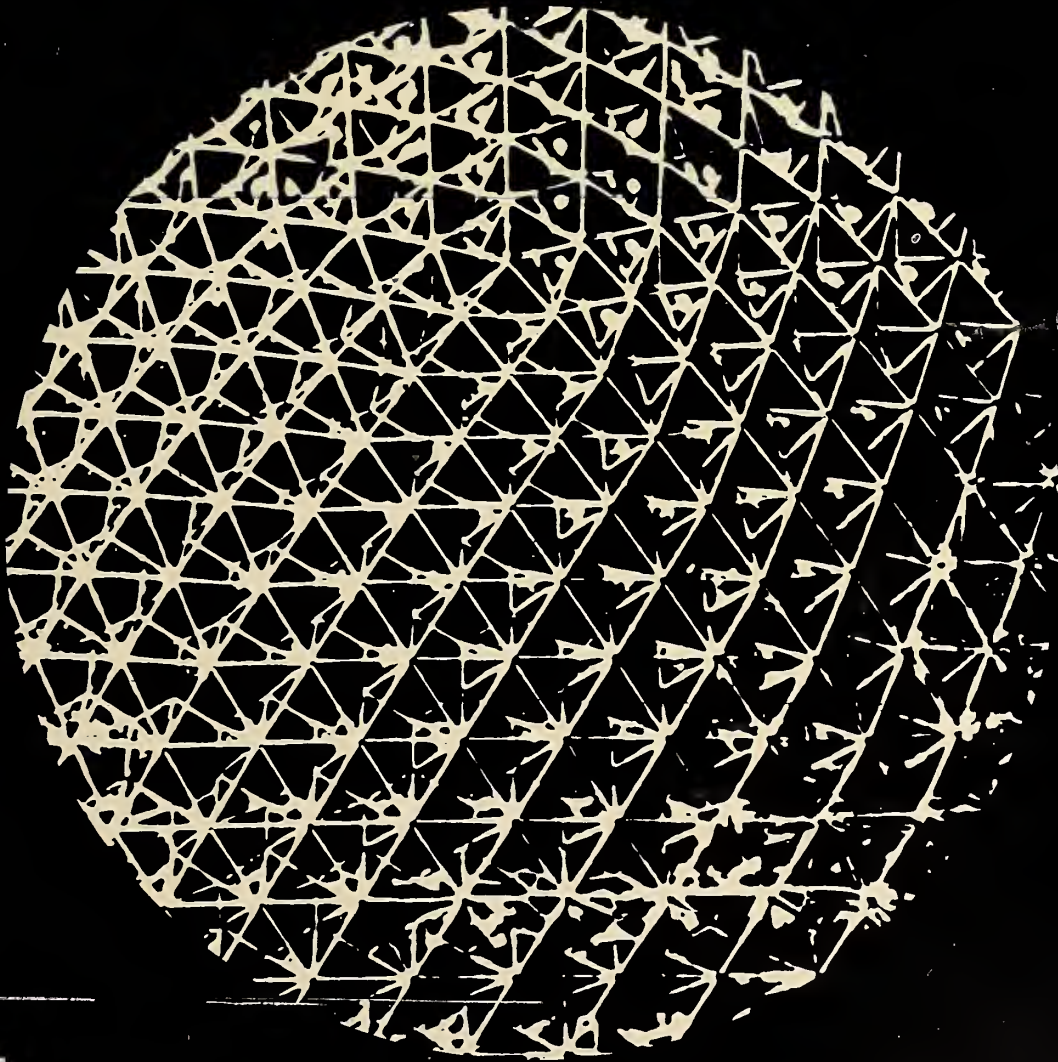


Urban
Systems
Research &
Engineering, Inc.



REPORTS

RA,
412

.4

C6673
1977

..

Eligibility

RA
412.4
.C6673
1977



SRS-500-76-0014

Data Available for Estimating Costs

Deliverable #21

COMPREHENSIVE REVIEW OF MEDICAID ELIGIBILITY

March 8, 1977

MAR 10 REC'D

Prepared for:

Social and Rehabilitation Service
Department of Health, Education and Welfare
Switzer Building, HEW South
Washington, D.C. 20201

Prepared by:

Urban Systems Research and Engineering, Inc.
1218 Massachusetts Avenue
Cambridge, Massachusetts 02138

TABLE OF CONTENTS

	<u>Page</u>
1.0 <u>Introduction</u>	
1.1 Cost Estimation Procedures	1
1.2 Consultation with Federal and State Officials	2
2.0 <u>Data Available at the Federal Level</u>	10
3.0 <u>Data Available at the State Level--The Cost Estimation Worksheet</u>	16
3.1 Hypothetical Changes in Eligibility	19
3.2 Hypothetical Change in Administrative Regulations or Procedures	32
3.3 Breakdown of Administrative Costs Components	36
3.4 Special Information	46
3.5 Charts I and II	48
4.0 <u>Concluding Remarks</u>	50
<u>APPENDIX</u>	
Cost Estimation Worksheet	51
Figure 11: Values Used in Estimation	56
Charts I and II	57

LIST OF FIGURES

	<u>Page</u>
Figure 1: <u>Changes in Enrollees Resulting From a \$10 Increase in AFDC or MA-AFDC Levels and a \$10 Increase in SSI or MA-SSI Levels</u>	20
Figure 2: <u>Percent of AFDC Cases With Work Expenses and Effects of No Work Expense Allowance or Flat \$80 Work Expense Allowance</u>	26
Figure 3: <u>Increase in Administrative Costs for Specified Increases in Number of Persons Eligible for Medicaid (Q. #7)</u>	30
Figure 4: <u>MEQC Percent Ineligible Error Rates</u>	34
Figure 5: <u>Total Administrative Costs, Administrative Costs as Percent of Total Costs, Administrative Costs Per Recipient, and MEQC Percent Ineligible Error Rate</u>	37
Figure 6: <u>Distribution of Administrative Costs by Salary and Other, Direct and Indirect, State and Local (Q. #19)</u>	40
Figure 7: <u>Personnel Doing Only Medicaid Work, Administrative Costs, and MEQC % Ineligible Error Rate</u>	43
Figure 8: <u>Personnel Doing Some Medicaid Work, Administrative Costs, and Claims Processing Costs</u>	45
Figure 9: <u>Number of Grandfathered Persons Currently Eligible (Q. #27) and Percent of Recipients by Category</u>	47
Figure 10: <u>Information Routinely Collected by States (Q. #28)</u>	49

1.0 Introduction

Perhaps the first axiom of forecasting, which we quoted in our Concept Paper on Cost Estimation Approaches and Data Needs, is that forecasts are, at best, as accurate as the most inaccurate data on which they are based. With Medicaid the serious data shortcomings make data the inevitable weak link.

USR&E began its search for data at least 8 months ago. In the Concept Paper we presented what we saw as the useable sources of Federal data. As we have explored further, that list has narrowed rather than expanded.

USR&E has now visited 9 States. The amount of useable data at the State level which is consistently available from each State can be summarized in one word--none. The single most important number for making cost estimates based on past Medicaid data is the number of enrollees. This number is not available at the Federal level. The three largest States we visited, which accounted for eight times the Medicaid expenditures of the other six combined were all unable to provide us with an unduplicated count of the number of persons who had been eligible to receive Medicaid services at some time in the FY 75. Furthermore, the two largest States could not even supply us with totally reliable unduplicated annual counts of recipients, even though such data are collected by the Federal government. That lack of information is indeed a weak link.

Nonetheless, there is much to report. USR&E decided to go beyond the strict contractual obligations called for in the RFP and seek to get as much useable information as possible. The bulk of this report concentrates on the results of a Cost Estimation Worksheet supplied to each State before our visit. The worksheet sought States' estimates of the costs of possible changes in eligibility rules as well as numerous operating statistics. In spite of the data shortcomings found among

the States, an enormous amount was learned from the Worksheet. Though we got very few consistent estimates, we have a much better understanding of what problems face us and what factors we have to consider. Furthermore, we have some rough baseline data for making estimates.

This report is divided into four sections. The remainder of this section briefly summarizes the estimation techniques described in the Concept Paper. Section 2.0 describes the Federal data available. Section 3.0 provides a comprehensive review of the results of the Worksheet, and Section 4.0 provides conclusions and a few recommendations.

1.1 Cost Estimation Procedures

USR&E divides cost estimation into three parts:

- (1) Estimating the number of participants;
- (2) Estimating the average claims cost per participant;
- (3) Estimating the administrative costs.

1.1.1 Estimating the Number of Participants

We have described six procedures for making the first set of estimates:

Historical Inference

Historical inference might be simply described as a "before" and "after" technique. One simply looks at the change in the number and type of participants during a time period when a significant eligibility or policy change took place. It is important to recognize that historical inference does not simply mean looking at past experience. All estimation techniques rely on past data. Historical inference looks at changes in certain statistics over time and seeks to attribute these changes to one or another factor.

Cross-sectional Inference

Cross-sectional inference involves the comparison of the characteristics of the eligible population at one given point in time in several areas. In this sense, it is the opposite of historical inference which looks at changes over time in a single area. The advantage of cross-sectional analysis is that temporal factors are controlled. Cross-sectional inference can be as simple as noting the number or proportion of the Medicaid population which fall into one or another optional group. This information can then be applied to other States, or it can involve the comparison of the eligible populations of two States with different eligibility criteria or administrative procedures.

Extrapolation

Extrapolation amounts to using information on the characteristics of the currently eligible population to infer information about a group not currently eligible. Like historical inference, it provides predictions based on the experience of recipients in one location. Unlike historical inference, it generates estimates based on current characteristics rather than past changes. An example of extrapolation might be to assume that if 10,000 enrolled families have countable income of between \$200 and \$250 per month and participate in a program with a \$250 income level, 10,000 more might enroll if the level were raised to \$300. Of course, if there is reason to expect the group between \$200 to \$250 is atypical, adjustments must be made. Extrapolation often may involve little more than "eye-balling" the data. Or it may involve complicated predictions which adjust for expected differences in the newly eligible population or for insufficient detail in the data.

Macro-estimation

Macro-estimation is used any time proposed reforms would extend or deny Medicaid eligibility to a group for whom information from current operations or from welfare based surveys is unreliable either because

the new population is very different from the current one, or because data on the current population is not detailed enough to allow meaningful estimates. Typically, it requires two very distinct steps. First, using broad-based surveys like the Current Population Survey or the various Labor and Commerce Departments' low income surveys, the number of potential eligibles is estimated. Then, often using one of the previously described methods, a participation rate is estimated. Experts could predict the rate. If some States have already instituted a proposed reform, one could note the change in participation rate that resulted. If a participation rate can be obtained for a State already having the proposed reform, that figure could be applied nationwide. Or the participation rate for newly eligible persons can be estimated on the basis of the participation rate for previously eligible ones.

The Delphi Method

When practised rigorously, the Delphi technique can be a very effective way of systematizing the estimates of experts and getting the highest level of accuracy in these estimates. It involves the creation of a shortlist of questions which are given to the appropriate "experts." The responses to the questions are collected, tabulated, and a list of all the participants' responses along with another copy of the questions is sent back to each expert. In light of the estimates of the other participants, the experts are asked to make new estimates which can then be used in some fashion or the process can be reiterated.

In practice, however, the Delphi technique may have to be the method of last resort. When no other estimation technique seems very useful, one may have to rely on experts with trained intuition to "guess" at the number.

Each of these five techniques has severe shortcomings. The advantages and disadvantages of each are described in some detail in the Concept Paper on Cost Estimation Approach and Data Needs.

1.1.2 Estimating the Average Claims Costs

Since this project involves reforms of eligibility provisions only, one would anticipate little change in individual claims costs. In most cases information from current operations can be expected to provide the best available information. Unfortunately, current data sources are weak. Even getting a reasonable average cost per enrollee is difficult. Many adjustments will have to be made in current operating data or other national data to compute a reasonable average for any particular group of enrollees. Nevertheless, USR&E did collect some limited State information on enrollees. These results are discussed in Section 3.0.

1.1.3 Administrative Cost Estimation

USR&E has from the start been particularly concerned about the difficulty of making reasonable estimates of administrative costs. Although many of the techniques described for estimating the number of participants might be used, the data are sparse. For this reason, a major portion of our Cost Estimation Worksheet concentrated on administrative costs.

1.2 Consultation with Federal and State Officials

In the process of designing our methods for cost estimation as well as determining sources of information, USR&E spoke with many Federal officials. In addition numerous State officials participated in providing information on the Cost Estimation Worksheet and in the interviews held on the third day of each State visit. The list of persons interviewed at the Federal and State levels appears on the following page.

The responses of eight States are included in this report. The States are Alabama, Illinois, New York, North Dakota, Oklahoma, Oregon, West Virginia and Wisconsin. Missouri also responded to the worksheet, but its estimates were received too late to be included.

PERSONS CONSULTED IN COST ESTIMATION EFFORT

Federal Staff

Tom Ault
Office of the Secretary
Department of Health, Education and Welfare

John Bayne
Office of the Secretary
Department of Health, Education and Welfare

Steve Bravy
Social and Rehabilitation Service
Department of Health, Education and Welfare

Irene Cox
Office of the Secretary
Department of Health, Education and Welfare

Henrietta Duvall
National Center for Social Statistics
Department of Health, Education and Welfare

Steve Hardin
Social Security Administration
Department of Health, Education and Welfare

Martin Holmer
Office of the Secretary
Department of Health, Education and Welfare

John Korbel
Congressional Budget Office

Jeff Merrill
Congressional Budget Office

Mildred Reed
Medical Services Administration
Department of Health, Education and Welfare

Michael Staren
Social Security Administration
Department of Health, Education and Welfare

Ober Heath
Financial Management
Region I, Department of Health, Education and Welfare

STATE RESPONDENTS IN COST ESTIMATION

ALABAMA

John A. Parrish, Director, Bureau of Public Assistance
Department of Pensions and Security

Arthur Miller
Medical Services Administration

Jay Ott, Supervisor, Division of Medical Care
Department of Pensions and Security

Horace Satcher, Supervisor, Division of Assistance Payments
Department of Pensions and Security

ILLINOIS

Wayne D. Epperson, Chief
Bureau of Research and Statistics

Donald Cox, Administrative Assistant
Office of the Director

Barbara Sticher, Chief
Bureau of Fiscal Operations

Mark Camille
Office of Systems Analysis

MISSOURI

William Merrick
Director of Finance

Virgil Lockwood
Assistant Director of Finance

Dan Berg, Director
Management Information Systems

John Remmert, Director
Research and Statistics

NEW YORK

Kalman Mintz, Director
Eligibility and Client Resources Section
Division of Medical Services

Miles Storfer
Program Forecasting

Eric Petersen
Budget Management

NORTH DAKOTA

LeRoy Bollinger, Administrator
Research and Statistics

Ernie Levine
Research and Statistics

Sammie Burgess, Coordinator
Data Processing Information Systems

OKLAHOMA

Woodrow Hogue, Supervisor
Division of Assistance Payments

Dickye Mines, Assistant to the Supervisor
Director of Assistance Payments

Charles Kerr
Research and Statistics

OREGON

Don Schlichtman, Medical Fiscal Supervisor
Medical Assistant Unit
Assistance Section

Sondra Lipmann, Research Analyst
Business Services Section

Tom Robinson, Assistant Manager for Finance
Business Services

Jack Walsh, Accounting Supervisor
Business Services

WEST VIRGINIA

David Heitmeyer, Administrative Assistant
Research and Statistics

Larry White, Statistician
Research and Statistics

Harry K. Evans, Assistant Director
Audits and Accounts, Administration

Lois Ashcraft, Supervisor,
Social Statistics

Rebecca Payne, Administrative Assistant
Economic Services

WISCONSIN

Manual Garcia-Nunez, Assistant to Administrator
Program Planning and Development

William Lentz, Director
Bureau of Management and Evaluation Services

George Rowland, Director
Bureau of Audits and Accounts

Thomas Helminiak
Medicaid Management Study Team

2.0 Data Available at the Federal Level

This section details the Federal data sources we expect to use in making cost estimates. USR&E has not come upon any new sources of data at the Federal level over the past few months. However, we have gotten a better understanding of what is and is not useful for our purposes and thus several sources listed in the concept paper have been dropped.

Monthly NCSS "B Series" Reports

The monthly report is generally acknowledged to be the most accurate national source of data on Medicaid. It includes information on the number of recipients (and the cost of care) by basis of eligibility, by cash recipient status (money authorized or not), by type of provider, and by geographical location. Because the data have so little detail and have no information on the financial characteristics of recipients, its usefulness is limited. It may be of use for some cross-sectional estimates exploring reasons for differences among States. It is likely to be much more important estimating participation rates under macro-estimation techniques. In estimating average claims cost, of course, this data will be essential.

Annual NCSS "B Series" Reports on Medicaid

In addition to the monthly reports, NCSS publishes an annual report. The report has much more detailed information on utilization of services, but breaks out no more detailed recipient characteristics than does the monthly report. The report generally runs about two years late. There is more uncertainty about the accuracy of this data because States are required to fill out a very complicated form. Like the monthly data, information provided in this report is likely to be of some use for cross-sectional inference, but will be chiefly used in estimating participation rates.

NCSS 2082 Form

The NCSS 2082 form does give some more detailed information on recipients and expenditures than does the annual NCSS B Series Report. We hope to be able to get copies for the nine States we visited and perhaps get some unpublished national tabulations.

AFDC Quality Control

The Division of Quality Control Management of SRS is now reporting results of the AFDC-QC program. Of particular use in estimating the number of participants are their estimates of the number of ineligibles by State. Cross-sectional inference can help in estimating the effects of applying a particularly effective State quality control program nationwide. In addition, data is now available for several years, so historical inference is also feasible. Of course, the Medicaid population includes many more persons than just those in AFDC, so appropriate adjustments will have to be made.

1973 AFDC Study

In the 1973 AFDC study conducted by NCSS, very detailed socio-demographic data was collected for a sample of AFDC recipients. Nearly all of the information that would have appeared in a case file was collected. Although the published reports contain relatively few cross-tabulations by more than one categorical or financial criteria, the data source holds great potential. Some unpublished data is available, and it may be possible to get some further tabulations. The AFDC study is particularly important for extrapolation techniques. If very detailed information on the current AFDC recipient pool is available, extrapolation

can be done with much greater confidence. The study may also be of use for cross-sectional inference, particularly with regard to estimating the potential effect of extending the UF program to some States which do not currently have it.

1970 OAA Study

The 1970 OAA study was also conducted by NCSS in much the same fashion as the AFDC survey. Once again, the study covered a host of financial and non-financial characteristics. Thus this data is also particularly suited to extrapolation and could serve cross-sectional purposes. One feature of the study is that it does provide some basic information on the numbers of institutionalized persons--an area in which data is sorely lacking.

Survey of Low Income Aged and Disabled (SLIAD)

This survey, conducted by the Bureau of the Census in 1973 and 1974 for the Social Security Administration, is remarkably thorough. Since one of its purposes was to serve as a base for SSI cost estimates, it is well suited to the present study. Unfortunately, no published data is available yet, and USR&E does not know how detailed it will be. However, there is a good chance of the company being able to obtain some preliminary tabulations, as the data is currently being used by SSI in doing their cost estimates.

Current Population Survey (CPS)

In March of every year, the Bureau of Census conducts the Current Population Survey. The survey samples all of the non-institutionalized population nationally. Most of the information of relevance to this project appears in two series of Current Population Reports: P-20 and P-60. The P-20 series documents in detail household, family, and individual characteristics, emphasizing non-financial aspects. The P-60 "Consumer Income" series provides a great deal of socio-demographic information, most of it cross-tabulated by income. The P-60 series includes publications entitled, "Money Income of Families and

Persons in the U.S.," "Characteristics of the Low Income Population," and "Characteristics of the Population Below the Poverty Level." In addition to P-20 and P-60, a series of Special Studies (P-23) publications appear irregularly. In the past several years, special studies have appeared on female headed families and the elderly population. Typically these studies provide even greater detail than the P-20 and P-60 series.

Unfortunately, the sampling design of the CPS does not always allow separate breakdowns by State. Nonetheless, it is by far the most recent data available in a broad based survey. Since the survey does provide such detailed information, USR&E expects to rely heavily on this data source. Furthermore, if necessary, special tabulations can be done by the census. This survey and all the remaining sources of data will be used exclusively for macro estimation, since they are not based on the welfare population.

1970 Census of Population and Housing

Obviously the source of the most detailed general information is the 1970 Census. The Census is the only broad based survey of sufficient size to allow reliable State estimates. Because of the age of the data, USR&E prefers to use the CPS except where the CPS does not provide sufficient information. Probably the most important use of the 1970 Census will be for estimates of the institutionalized population. To our knowledge the 1970 Census provides the most recent data on institutionalized persons, and that data is very limited. Most of the data is presented in Volume PC(2)-4E entitled "Persons in Institutions and Other Group Quarters." Unfortunately, almost no information is presented on income characteristics of these persons. Mathematica apparently has done some tabulations of income by very broad categories from the Public Use Sample tapes, and USR&E has obtained some of this information through the Congressional Budget Office.

1967 Survey of Institutionalized Adults

In 1967, the Social Security Administration conducted a survey of all adults in institutions. They collected data on income and resources, family and friends, and type and nature of institution. It appears quite likely that USR&E will have to rely almost exclusively on this survey for information on institutionalized adults. Although there are numerous studies of long term care going on, almost no surveys of the total institutionalized population seems to have been done in the past five or six years.

1966 Survey of the Disabled

A good deal more information is available on the non-institutionalized disabled population. The Social Security Administration has now published some twenty reports on its 1966 survey which includes detailed data on family characteristics, source and amount of income, nature of disability, and so forth. Included is data on the number of short term (four to six months) disabled persons as well as the number suffering long term disability. Although USR&E does not expect to suggest many reforms which would require extensive data on the disabled for cost estimation purposes, the source may be of use if the company considers alternative definitions of disability.

1968 Survey of the Aged

Besides data on income and resources of institutionalized persons, asset data is probably the most difficult of all information to obtain. There are only a few surveys conducted in the past decade which collected reliable asset information. One is the 1968 Survey of the Aged conducted by the Social Security Administration. The August 1972 Social Security Bulletin provides extensive breakdowns of assets by income level for aged persons. Such data will be essential for the macro estimation techniques to be used in costing out reforms of asset eligibility criteria.

1970 CHAS-NORC Survey

The 1970 CHAS-NORC survey is the only recent broad-based survey which collected medical costs at the individual level. Obviously, Medicaid data is far more useful for estimating costs of persons which resemble those that are currently eligible. However, for low-income persons in groups not currently categorically eligible, the CHAS-NORC survey provides an excellent lower bound for costs should these persons become eligible for Medicaid. Upper bound estimates might come from medically needy data. Obviously, these data are primarily useful for estimating costs under the sweeping reform extremes of the continuum.

Social Security Aggregate and Per Capita Expenditures By Age Group

The Social Security Administration publishes in its Bulletin each February estimates of the per capita expenditures for medical care by three broad age groups. These figures could be used as a rough "ball-park" estimate of claims costs for newly eligible persons under sweeping reform.

Although there are numerous Federal sources available, much of the information needed is simply not available at the Federal level. It was with this fact in mind that USR&E designed its Cost Estimation Worksheet.

3.0 Data Available at the State Level--The Cost Estimation Worksheet

The Cost Estimation Worksheet was by design an instrument which could elicit extensive or minimal information from States. The form itself was not insubstantial containing up to 28 questions, most of which called for some estimation. In addition, two charts were included seeking detailed breakdowns of number of enrollees (eligibles rather than recipients) by category and age. The cover letter clearly indicated that although the worksheet would be very useful for our purposes, the State should not feel obligated to devote much time to it. As expected, some states devoted considerable time and effort to producing their estimates, others were able to devote little. The net result is that USR&E collected numerous estimates of variable precision.

USR&E recognized from the start the implicit tradeoff between number and complexity of estimates sought on the one hand, and the completeness and accuracy of responses on the other. Because the nine States visited represented only a small fraction of all State Medicaid programs, real precision in the individual State estimates would be of limited value because these estimates would have to be extrapolated to national estimates by only the roughest rules of thumb. It seemed more reasonable for us to get a range of estimates on a wide array of topics for which information is almost totally unavailable nationally. Furthermore, by seeking several difficult estimates, USR&E could hope to get some further ideas of estimation techniques from officials in States which were able to devote some time to the estimates.

The diversity of both the estimates received and the techniques used in producing them seems to bear out the wisdom of the approach taken. The numbers do give a feel for the range of variation between States. And that variation is remarkable indeed. Some questions which might be expected to produce similar estimates across States produced variations of up to 400%. The reasons are quite simple. The nine

States' Medicaid Programs are dramatically different. The sophistication of data processing systems varies widely. Perhaps even most importantly, each State made its own assumptions in producing its estimates. The latter diversity in assumptions is actually the most valuable result of the Worksheet. Each State seemed to have different groups it saw as important and different assessments of the relevant factors to be considered. And the differences are highly instructive. Many States pointed out aspects of the program highly relevant to cost estimation which we had missed. Most States were able to complete a considerable portion of the Cost Worksheet. (Missouri, the last State visited, submitted its estimates too late for inclusion in this report.) It is somewhat gratifying to note that all of the techniques used in making estimates were cited in our previous reports. Most estimates were derived using extrapolation from current program data, but historical inference, macro-estimation, Delphi method, even micro-simulation, were also used.

The remainder of this section is devoted to a question by question discussion of the results obtained. Most results are presented in ten tables. The responses to a few questions with low response rates are described entirely in the text. In addition to the estimates obtained, the tables usually present the results adjusted in some way. Often the States' estimates of the number of enrollees affected by a possible eligibility change are divided by the number of recipients in the State in FY 75. Recipients is really the incorrect divisor for these results. We are interested in proportionate changes in the number of enrollees, not changes in enrollees per recipient. We did seek detailed estimates of enrollees in every State (See Charts I and II in Section 3.4 below), but as mentioned in Section 1.0, several States simply did not have these figures. Because of the non-availability of appropriate enrollee data, recipient data was taken from Federal government figures derived from the 2082 forms delivered by the States to HEW. Several States said flatly that their 2082 figures are very rough estimates at

best, but these were the only figures available across States at this time. New York has not submitted its 2082 form, so no per recipient calculations were done for that State.

We now have at least some enrollees' data for seven States. For the final methodology report, we expect to derive rough enrollee figures for the States which could not supply them. As this report is concentrated on data, no such figures were derived and recipient counts were used. The figures used for expenditures and recipients are listed in the Appendix on Figure 11, along with a full list of questions in the Worksheet.

3.1 Hypothetical Changes in Eligibility

The first portion of the worksheet sought estimates on seven possible changes in eligibility policy. It was designed with the dual purpose of gaining an estimate of the magnitude and range of possible effects of the change, while at the same time gaining insights into new methods of estimation.

3.1.1 Questions 1 and 2: Changes in Eligibility Resulting from Changes in Eligibility Level

The first two questions requested information on the effects of changing the financial standards for the various programs.

In medically needy only States:

1. How many additional persons would you estimate to be eligible for Medicaid if the MA-AFDC monthly benefit level were increased by \$10? _____
2. How many additional persons would you estimate to be eligible for Medicaid if the MA-SSI monthly benefit level were increased by \$10? _____

In categorically needy only States:

1. How many additional persons would you estimate to be eligible for Medicaid if the monthly benefit level were increased by \$10? _____
2. How many additional persons would you estimate to be eligible for Medicaid if the SSI monthly benefit level were increased by \$10? _____

Figure 1 summarizes the results obtained. The first and third columns list the answers to the first and second questions respectively. The second and fourth columns give the estimates as a percentage of all AFDC and SSI recipients in the State. Here, as almost everywhere else, using recipients is not really the appropriate divisor, as was discussed above. But lack of good information on enrollees for several States forces us to use the number of recipients. Finally, in the fifth column the method used for making the estimate is described.

FIGURE 1

CHANGES IN ENROLLEES RESULTING FROM A \$10 INCREASE IN AFDC
OR MA-AFDC LEVELS AND A \$10 INCREASE IN SSI OR MA-SSI LEVELS

	= Additional AFDC-Related Persons if \$10 Increase in AFDC Level or MA-AFDC Level (Q #2)	= Addi- tional AFDC-Re- lated Persons as Percent of All AFDC- Related recipients	= Additional SSI-Related Persons if \$10 Increase in SSI or MA-SSI Level (Q #2)	= Addi- tional SSI-Re- lated Persons as Percent of All SSI- Related recipients	Method of Estimation
<u>Categorically Needy States</u>					
Alabama	3,000	1.9%	2,000	1.2%	AFDC: Multiplied change in # of cases after a \$40 increase in benefits in 1976 times average \$ persons per case. SSI: Last time had \$10 Title II increase, estimated 80 institutionalized cases would be dropped. This is about 1.2% of institutional caseload. Applied this percentage to all SSI cases to get estimate.
Oregon	3,000	2.5%	400	1.1%	AFDC: Took 1/6 of increase in number of persons after \$60 increase in benefit level in 1973. SSI: Looked at increase in persons after recent SSI increase and projected proportionally to \$10 increase.
<u>Medically Needy States</u>					
Illinois	0	0	few		AFDC & SSI: Narrow MN band plus disregards result in very few cases. Almost all are spend-down cases. For these, \$10 charge would have almost no effect.
New York	2,500	not available	1,400	not available	AFDC & SSI: Assumed working eligibles were distributed evenly across all income levels and figured number of recipients in any \$10 band.
North Dakota	\$10,152*		\$35,988*		AFDC & SSI: Change likely to affect only spend-downers. Figures reflect little change in number of persons but rather change in the amount of payments borne by state due to reduced spend-downs.
Oklahoma	0	0	0	0	ADC & SSI: Recent change of AFDC benefit level by \$5 produced no change in caseload. \$10 might slow rate of increase in caseload.
West Virginia	2,143	3.2%**	\$ 1,868	4.2%**	AFDC & SSI: Using census data, looked at number of persons below current income levels and looked at number of persons below current levels + \$10; then found proportionate increase in eligible population from census and assumed same proportionate increase in caseload not made.
Wisconsin	2,000	0.7%	\$ 2,000	1.4%	AFDC & SSI: Rough estimate based on current operating figures.

*North Dakota was the first state visited and was asked to estimate the change in dollar costs rather than the change in eligibles.

**Figures calculated by state. If divide by # of recipients as listed in NCSS reports, figures are 2.6% and 4.5% respectively.

Figure 1 illustrates the remarkable diversity in responses evident throughout the questionnaire. The estimated increase in AFDC-related persons as percent of AFDC recipients varies from 0 to 3.2%, and for SSI-related persons from 0 to 4.2%. Of the eight States reporting, there were at least four distinct approaches taken to the estimate.

Yet this diversity found in Figure 1 is terrifically informative. We can say with reasonable assurance that the effect of a \$10 increase is within the range of estimates above. But much more importantly, the differences in methods and assumptions leave us with a much better idea of the advantages and pitfalls of the various approaches we might take. All of the States' methods had been identified as potential estimation techniques in Deliverable #6, Concept Paper on Cost Estimation and Data Needs, as briefly described earlier. Alabama, Oregon, and Oklahoma used historical inference predicting future effects on the basis of past changes. Illinois, New York, and North Dakota based their estimates on the nature of the current eligible population and extrapolated to predict what the new population would look like. West Virginia used macro-estimation, using census data to predict the change in the number of persons potentially eligible and assumed the participation rate would be the same as the current rate. Finally, Wisconsin used a method more like the Delphi technique than extrapolation.

Perhaps the most valuable result of this question is that it keys some critical issues in estimation. One such issue involves medically needy bands. The effects of change in categorically needy States is unambiguous. The benefit level goes up by \$10 and more persons are eligible. But in medically needy States there is some question as to the effect of raising only the medically needy level and not adjusting the cash levels. Several States put heavy emphasis on liberal disregards and negative bands in deriving their estimates. Illinois and

North Dakota felt that raising the MN level would only affect spend-downers. Illinois believes that nearly all persons in their MN-AFDC program are spend-downers, it being far better to be on AFDC with its disregards than to be medically needy. One must assume that the State finds that most persons in the medically needy range choose to stop working for a month or so to get on AFDC, so that they can then earn more money and still receive Medicaid and cash. North Dakota's estimates seem to reflect similar feelings. This evidence, though different from the results of the surveys conducted by USR&E in its Evaluation of Medicaid Spend-Down, is vital to consider before making estimates. Indeed, although West Virginia used what we see as perhaps the most appealing technique for making estimates, the State seemingly neglected the fact that it has negative bands for all its adult categories. West Virginia, on the other hand, recognized that there has been a historical trend towards increased numbers of eligibles on Medicaid, probably making it unrealistic to attribute the full increase in eligibles occurring after a change in benefit levels to that particular financial change. Furthermore, since AFDC caseloads can fluctuate from month to month, historical inference is further suspect. Nonetheless, historical inference, to the extent that it does capture real effects, does implicitly control for all the negative band problems of such concern to the States which used extrapolation. The responses to these two questions seems to have satisfied our desires for both estimates and methods.

3.1.2 Questions 3 and 4: Institutional Deeming and Transfer of Assets

Questions 3 and 4 applied only to Title XVI and 209b States. They dealt with costs of moving the State to SSI rules governing deeming to persons in institutions (relative responsibility) and transfer of assets. Although Title XVI States are required in theory to adopt the SSI rules, it was USR&E's understanding that States often do not comply with this requirement.

(Questions 3 and 4 apply only to Title XVI and 1902(f) States)

3. How much would you estimate annual Medicaid payments to increase if a policy were instituted in your State which eliminated all deeming of income from spouses or parents to aged, blind, and disabled persons who are institutionalized in a Title XIX facility? (Note: If your State already follows this policy, please disregard this question.) _____
4. How much would you predict your annual Medicaid costs to increase if a policy were instituted in your State allowing transfer of assets by aged, blind, and disabled persons any time prior to application for Medicaid? (Note: If your State already follows this policy, please disregard this question.) _____

Unfortunately, we got very little response to these questions. Only two States provided any estimates at all. The results were nonetheless interesting. For the costs of using SSI's relative responsibility rules, the first State estimated that there would be no change in total costs; the second estimated an increase in total annual costs of only \$20,000. Based on the responses of these two States, one might be tempted to conclude that relative responsibility is a relatively insignificant issue in terms of costs. USR&E finds these results very surprising, as it seems likely that some families and couples with one institutionalized member must have considerable income and/or resources. Thus, in spite of these results, there is probably good reason to expect that deeming would have much more of an effect than predicted as persons become more aware of the provision.

The States found the transfer of assets issue of more concern. One State examined its estate claims and made a "very conservative" estimate that costs would exceed one percent of the current Medicaid budget. The other State based their estimate on the fact that it receives fifty inquiries per month regarding transfer of assets. If 600 additional persons per year were eligible, the results would not be insignificant, particularly if they received \$4,000 worth of long-term institutional care. The figure would be close to 2.5 million dollars, which easily exceeds one percent of this State's budget. Even if only half of these were institutionalized, additional costs would still be nearly one percent of the State's budget.

The consistency in the States' estimates is surprising and troubling. That two States using such different methods would come to similar estimates lends some credibility to the results. But if SSI transfer of assets provisions really can increase costs by more than one percent, the costs of implementing the provision in FY 1975 could have exceeded \$125 million if all States had adapted it!

3.1.3 Questions 8 and 9: Institutional Deeming and Transfer of Assets--Administrative Costs

Questions 8 and 9 are the administrative counterparts to Questions 3 and 4. Essentially, they asked how much administrative costs would decrease if the States' rules concerning deeming to institutionalized persons and transfer of assets were changed to match SSI's. The questions read:

Both Questions 8 and 9 apply only to Title XVI and 1902(f) States:

8. How much would your State's annual Medicaid administrative costs decrease if a policy were instituted in your State which eliminated all deeming of income from parents or spouses to aged, blind, and disabled persons who are institutionalized in a Title XIX facility?

\$ _____

9. How much would your State's annual Medicaid administrative costs decrease if a policy were instituted allowing transfer of assets for aged, blind, and disabled persons any time prior to application? (Note: If your State already follows this policy, please disregard this question.)

\$ _____

Every State questioned felt savings would be minimal.

3.1.4 Questions 5 and 6: Work Expense Deductions

These two questions explored two alternative treatments of work expenses:

5. How many fewer persons do you estimate would be eligible for AFDC-related medical assistance if all deductions for work-related expenses were eliminated for purposes of determining AFDC and MA-AFDC eligibility?

6. How many more or fewer persons do you estimate would be eligible for AFDC-related medical assistance if a flat \$80 earned income disregard were used instead of deducting specific work-related expenses in determining eligibility for AFDC and MA-AFDC cases?

In follow-up questions, we asked for the percent of AFDC cases with work expenses and the average work expense per case.

Unfortunately, some confusion arose on this question as to whether child care expenses were to be included as work expenses. Five states assumed they were to be included; two states assumed that they were not.

In addition, on the basis of the estimation method used by West Virginia, it appears that the state interpreted the questions that they were not. In addition, on the basis of the estimation method used by West Virginia, it appears that the State interpreted the questions to mean that all earned income disregards would be eliminated and that either no deduction or a flat \$80 deduction would be allowed. The distinctions between child care costs, other work expenses, and disregards must be clearly recognized in doing any estimates.

The results are presented in Figure 2. The percent of the AFDC caseload with work expenses ranges from 2.2% in Oklahoma to 15.8% in Alabama. Work expenses including child care costs average close to \$100 for the four reporting states. Average work expenses excluding child care dollars are \$35 in Oklahoma and

FIGURE 2

PERCENT OF AFDC CASES WITH WORK EXPENSES AND EFFECTS
OF NO WORK EXPENSE ALLOWANCE OR FLAT \$80 WORK EXPENSE ALLOWANCE

	% of AFDC Cases With Work Expenses	Average Expenses per Case	Change in # of Persons If No Work Expenses Allowed (Q. #5)	Reduction Due to No Work Expense As % of All AFDC recipients	# More or Fewer If Flat \$80 Work Expense (Q. #6)	Change Due Flat \$80 Disregard As % of All AFDC recipients (PY 75)	Method of Estimation
Alabama	15.8%	\$107	6,712 fewer	4.2% fewer	slightly fewer	--	looked at AFDC survey data and found 26.7% of cases with earned income would not be eligible if no disregards were allowed. Estimate that few would be affected by \$80 deduction.
Illinois	8.0%	\$ 97	3,750 fewer	0.3% fewer	not estimated	not estimated	Approximately 18,750 AFDC and AFDC-UP families have working head. Average earnings are about \$120. Since earnings distribution is likely to be skewed, rough estimate is 1,000 cases. Assuming 3.75 persons per case, this yields 3,750 persons.
New York	7.0%	\$ 80*	4,500 fewer	Not Available	55,000 more	Not Available	No work deductions: 7% of caseload is working. Assume 1% will lose eligibility for AFDC. Estimate that additional 3,000 persons would be ineligible for MA-AFDC. Flat \$80 deductions: Since New York currently allows only income taxes and FICA to be deducted for MN, could be large increase in MN population of perhaps 55,000.
North Dakota	not asked	not asked	1,409 fewer	8.4% fewer	1,109 fewer	6.6% fewer	Took AFDC study survey of 753 cases. Of these found that 9.4% would have been ineligible for no deductions were allowed, 7.4% if flat \$80 disregard were allowed. Multiplying by current caseload gave estimates of total persons involved.
Oklahoma	2.2%	\$ 35*	2,000 fewer	1.5% fewer	3,300 more	2.5% more	Used client file and tested effects of \$0 and \$80 work expense allowance.
Oregon	14.3%	\$100	10,000 fewer	7.5% fewer	1,000 fewer	0.8% fewer	Assumed that about 1/2 of cases with work-related expenses could be affected by elimination of expenses. Assumed 1/10 of these would be affected by \$80 expenses since current expenses average about \$100.
West Virginia	6.7%	\$75-\$100	1,413 fewer	1.7% fewer	946 fewer	1.1% fewer	Assumed all persons with gross income above \$253 (current eligibility level) would be ineligible. For flat \$80 increase, assumed all persons with gross income over \$333 (\$253 + \$80) would be ineligible.

*Includes child care expenses.

\$80 in New York. As in questions 1 and 2, we see enormous diversity in the estimated effects of the proposed changes. For the four states that included child care expenses, the fall in persons due to elimination of expenses was estimated at 0.3% in Illinois, 4.2% in Alabama, 7.5% in Oregon, 8.4% in North Dakota. The effects of an \$80 flat disregard was expected to be minimal in all these states except North Dakota, which expected a 6.6% reduction. The enormous diversity in estimates is puzzling, although the higher predictions are generally in states with a larger percent of their AFDC caseload working. It is possible that some other states like North Dakota or Oregon interpreted work expenses as including disregards. Regardless, it does seem safe to say that the true national effect of eliminating all work expenses would be a reduction of between .5% and 8.5% in the AFDC caseload.

About half the states used a rough "back of the envelope" form of extrapolation in making this estimate. The others typically examined their AFDC survey sample or their case file. Some used a form of microsimulation, actually testing the effect of the change on each case in the sample. The most feasible approach for our purposes seems to involve using AFDC survey data and rough extrapolation.

It should be noted that none of the states explicitly considered the possibility that persons cut off the program by the elimination of work expenses would lower their income to become eligible again.

3.1.5 Question 10: Work Expense Deductions -- Administrative Costs

Question 10 explored the administrative savings which might be associated with elimination of all work expenses:

10. How much would you estimate would be saved in administrative costs on average for each AFDC-related case if all deductions for work expenses were eliminated and a flat disregard were used?

\$ _____

It was felt that a flat deduction would create the same savings and thus only this question was asked.

Nearly all states predicted a minimal decrease in administrative costs. Alabama and North Dakota predicted a \$13,000 and \$16,752 total annual reduction respectively. The only state predicting a substantial savings was Oregon. This state predicted a possible 20% reduction in administrative costs on the 15% of cases affected. Thus administrative costs for AFDC could fall by 3% in the state according to their prediction. All states seemed to feel, however, that administrative cost savings would not actually be realized and would rather be absorbed by staff for other tasks.

3.1.6 Question 7: Change in Administrative Costs as a Result of Increase in Enrollers

Although administrative costs represent a relatively small proportion of total costs, their absolute magnitude is not unsubstantial. For reforms which primarily alter administrative procedures rather than the pool of eligibles, administrative costs may be the major portion of the costs involved in the reform. For reforms involving changes primarily in the number of enrollees, administrative costs are less important. Nonetheless, in the latter case, administrative costs must be estimated and there are important questions as to whether increases or reductions in enrollees will cause proportionate increases or decreases in administrative costs. To get a sense as to whether there are economies or diseconomies of scale as more enrollees are added, USR&E included question 7:

7. By what dollar amount would you estimate administrative costs (including the costs of eligibility determination) would rise if 100 more persons became eligible for Medicaid?*

1,000 or more? \$ _____
10,000 or more? \$ _____
100,000 or more? \$ _____

*Note: Assume the extra persons are distributed (both geographically and categorically) in the same proportion as the current caseload.

In addition, we asked, as a follow-up question:

How many additional persons could your program absorb at the present time without any increase in administrative costs?

The responses are indicated in Figure 3. Looking down the chart, one is immediately struck by the diversity of estimates. In fact, although it is not shown on the table, these state estimates vary far more than do their average administrative costs per recipient. The number of persons which could be "absorbed" varies from 0 in West Virginia up to possibly 5000 in Oklahoma. Clearly, every additional enrollee costs some money in processing and paper costs, so comparisons on this column may not be meaningful. But the dramatic differences in estimates of the costs of 100,000 additional persons are startling -- from \$1.8 million in Wisconsin to \$18 million in Alabama.

Looking at the "method" column, the reason for the differences becomes more apparent. Alabama based its estimate on the total administrative costs associated with AFDC, SSI and Medicaid while other States considered only Medicaid administrative costs in making their estimates. The difference points up an important consideration. Any reform

FIGURE 3
INCREASE IN ADMINISTRATIVE COSTS FOR SPECIFIED INCREASES IN
NUMBER OF PERSONS ELIGIBLE FOR MEDICAID (Q. #7)

	# of Persons Which Could Be Absorbed	\$ Increase for 100 Persons	\$ Increase for 1,000 Persons	\$ Increase for 10,000 Persons	\$ Increase for 100,000 persons	Method of Estimation
Alabama	50	\$ 370	\$179,740	\$1,797,400	\$18,044,000	Postage and forms costs are \$3.70 per person per year. 100 persons could be absorbed with only increases in postage and forms. Increases of 1,000 & 10,000 persons would require additional staff. Current case mix is 78% AFDC, 22% SSI. Administrative expenses are \$213/person for AFDC, \$45/person for SSI. So for 1,000 persons (1000) (.78) (\$213) + (1000) (.22) (\$45) + (1000) (\$3.70) = 179,740. For 10,000 persons = 1,787,400. Increases of 100,000 would require more state staff assumed to cost \$70,000 more, so total is 17,974,000 + 70,000 = 18,044,000.
North Dakota	300	0	\$ 33,432	\$ 463,272	\$ 4,761,672	300 persons could be absorbed. Currently, costs average \$47.76/person. Assume costs would thus be \$42.76 for each person over 300. So to calculate costs for 1,000 persons = (1000-300) 47.76 = 33,432.
Oklahoma	3,500-5,000	0	0	\$ 630,400	\$ 6,804,000	For 10,000, figured 40 more workers plus 8 supervisors and 8 clerks. These times average salaries = \$630,400. For 100,000, used \$6,304,00 plus \$500,000 for facilities.
Oregon	100	0	\$ 30,360	\$ 303,600	\$ 3,036,000	Administrative costs in FY 1976 were \$30.46 per eligible person. This rate was assumed to hold for all increases.
West Virginia	0	\$2,750	\$ 27,500	\$ 275,000	\$ 2,750,000	Average administrative costs per recipient were \$72.50 in FY 1976. This rate was assumed to hold for all increases.
Wisconsin	300	0	\$ 16,000	\$ 150,000	\$ 1,800,000	Assumed \$10, \$15, \$18 per case for 1,000, 10,000, 100,000 respectively. Average costs increase because of new office and equipment required.

requiring additional persons to go through an eligibility process as complicated as AFDC will create much higher Medicaid administrative costs than would be predicted by taking average Medicaid administrative costs and multiplying by the number of new recipients. Most Medicaid enrollees are eligible as a result of eligibility for a cash program, where the eligibility determination costs are largely charged to the cash program. Even in medically needy states, average Medicaid costs reflect a weighted average of the small portion of cash assistance eligibility costs chargeable to Medicaid and the full eligibility costs chargeable to Medicaid for medically needy recipients. Thus we can probably expect additional administrative costs more in line with average AFDC and SSI administrative costs for programs requiring additional eligibility determinators. However, if a reform expands or contracts the number of eligibles roughly in proportion to the current mix of cases, average expenses will be closer to current Medicaid administrative costs.

All states except Wisconsin extrapolated costs based on current operating costs, with some modifications. Wisconsin again relied more heavily on the Delphi method. Generally, the estimates are simple multiples of current averages with minor modifications. The one important result may be that most states found decreasing returns to scale. As the number of enrollees rose, costs for additional facilities and staff increased even faster, suggesting that the administrative costs of major reforms may exceed current average costs.

3.2 Hypothetical Change in Administrative Regulations or Procedures

As was the case with the first section's concentration on eligibility changes, the second section of the questionnaire was designed to be useful in exploring both the costs or savings and methods of estimation for possible administrative changes. Unfortunately, the section produced somewhat less useful information.

3.2.1 Questions 11, 12, and 13: Error Rates

Questions 11, 12 and 13 dealt with the MEQC error rates for the percentage of persons enrolled in Medicaid who should actually be declared ineligible. Two of the three were factual questions, seeking some breakdown of MEQC data. One of the questions sought an estimate of the costs of reducing the error rate. The three questions were:

11. From MEQC data, what percentage of all persons enrolled in Medicaid in your State should actually be ruled ineligible for the program?

12. How much would you estimate you would have to increase administrative costs to reduce this percentage to:

10% _____

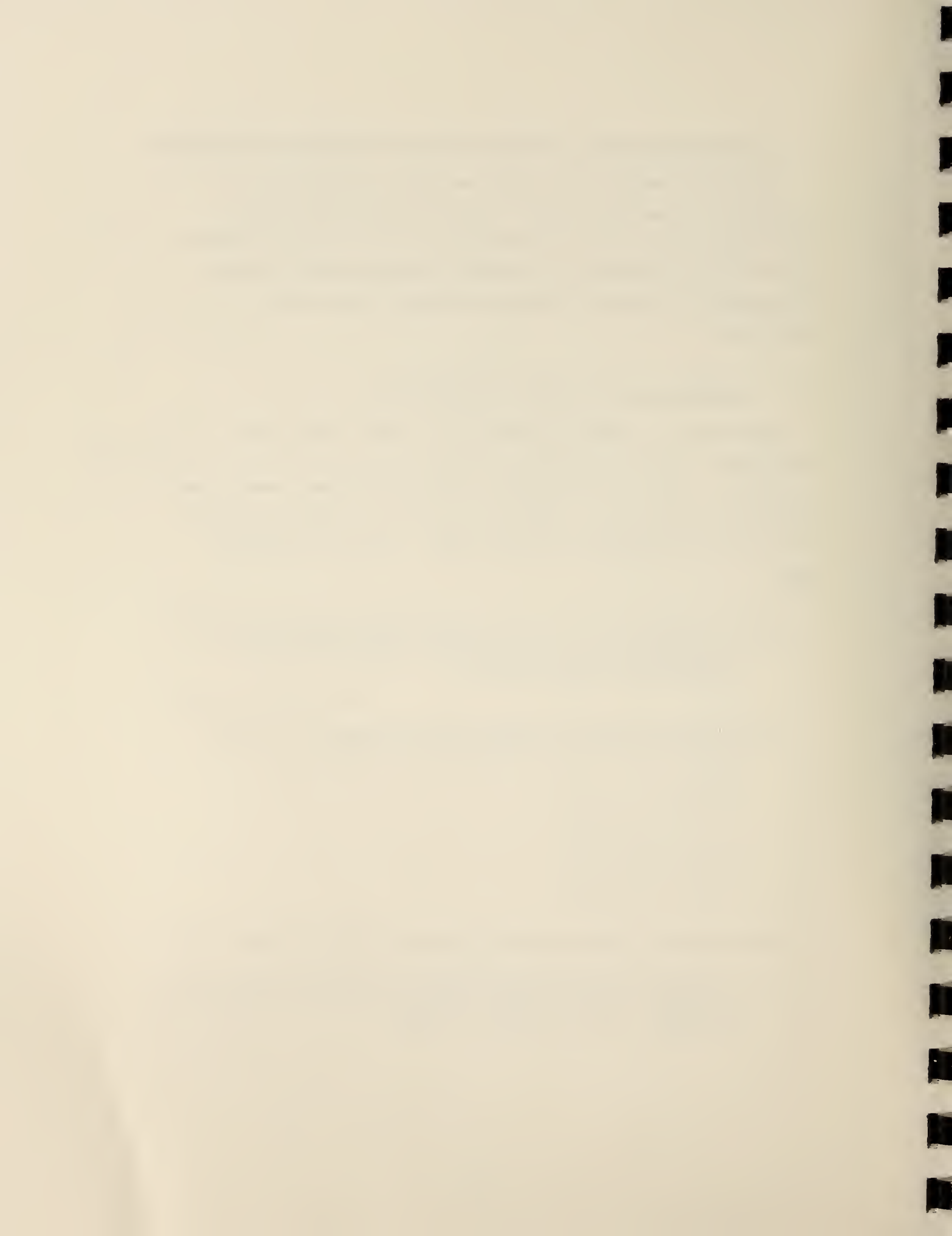
7.5% _____

5% _____

2.5% _____

For medically needy and 209b states and Title XVI states only:

13. From MEQC data, what percentage of persons in each of the following group(s) should actually be ruled ineligible for Medicaid: (continued next page)



Categorically needy aged, blind, and disabled cases

(1902(f) and Title XVI States only) _____

Medically needy aged, blind, and disabled cases
(medically needy States only) _____

MA-AFDC cases

(medically needy States only) _____

We wanted to use the MEQC rates for correlation with various features of administrative costs to see if there were any recognizable relation between low error rates and more intensive or expensive administration (see Questions 17 and 21-26). We asked for separate error rates by program to get a sense of whether one class or another of eligibility determinations is particularly troublesome.

All states answered question 11 as shown in Figure 4. Error rates ranged from 0.7% in Oklahoma to 25.5% (for non-institutional cases only) in New York State. All but three were below 5%, and five were below 3%.

Several states did not have separate MEQC data available by category. Those which did sometimes complained that the MEQC sample was much too small to make reliable statistical estimates. In those states where data were available there seems to be no clear pattern across categories.

In question 12, USR&E sought to gauge the effects of so-called performance standards. For most states, there would be minimal cost of getting to 5% since most are near there or below already. New York, on the other hand, estimated that it would cost \$3.5 million, a 30% increase in administrative costs, to achieve a 5% rate. This \$35 million is the cost of implementing a new computerized eligibility system. To achieve a 2.5% error

FIGURE 4

MEQC PERCENT INELIGIBLE ERROR RATES

	Overall MEQC % Ineligible Error Rate All States (Q. 11)	CN - A,B,D % Ineligible Error Rate (209b & Title XVI States only) (Q. #13)	MN - A,B,D % Ineligible Error Rate (MN States Only) (Q. #13)	MN - AFDC % Ineligible (MN States Only) (Q. #13)
Alabama (Categorically Needy, 1634)	2.5%	Not Applicable	Not Applicable	Not Applicable
Illinois (Medically Needy, 209b)	1.7%	1.3%	5.0%	Not Available
Missouri (Categorically Needy, 209b)	3.2%	6.2%	Not Applicable	Not Applicable
New York (Medically Needy, 1634)	25.5% (non-in- stitutional) 8.0% (institutional)	Not Applicable	Not Available	Not Available
North Dakota (MN, Title XVI)	1.4%	1.1%	1.7%	0.0%
Oklahoma (Medically Needy, 209b)	0.7%	0.7%	Not Available	Not Available
Oregon (Categorically Needy, Title XVI)	2.9%	0.7%	0.7%	Not Available
West Virginia (Medically Needy, 1634)	8.3%	Not Applicable	4.0%	4.0%
Wisconsin (Medically Needy, 1634)	6.0%	Not Applicable	Not Available	Not Available

rate, Oregon, West Virginia, and Wisconsin predicted increases of 10%, 5% and 32% respectively. All states felt very uncomfortable with these estimates. Along with the total lack of agreement between estimates of different states, the enormous uncertainty of the estimators suggests that the results provide very unreliable information about what the costs of achieving low error rates would be. The effects of performance standards for quality control remain very much in doubt.

3.2.2 Question 14: 30-day Eligibility Determinations

Question 14 was designed to explore another "performance standard" -- 30-day eligibility determinations:

14. How much would you estimate your administrative costs to increase if 95% of all Medicaid eligibility determinations had to be completed in thirty days?

About half the states reported that the determinations are already complete in 30 days. The other half either said it was impossible or were totally unwilling to make any estimates.

3.2.2 Questions 15 and 16: Automatic Data Processing

Although USR&E realized that every state had very different administrative systems, we wanted somehow to get a very rough sense of the costs of "modernizing" the systems through advanced data processing. For this reason, two intentionally vague questions were included:

15. What do you estimate the total developmental cost to the State would be to give each local welfare office reasonable access to "on line" automatic data processing terminals?

What would yearly maintenance costs be?

16. Could you provide us with any estimates you have of the cost of upgrading your current data processing system in some way? Please describe the change and its costs below.

Much as we had feared, the area was simply too broad and complex for us to get useable responses from these two questions. Many states provided us with detailed information on their current plans. The various systems contemplated are unfortunately too different for us to gain any insights useable in this study. The data collected are, therefore, not reported.

3.3 Breakdown of Administrative Costs Components

The third section of the worksheet explored the components of administrative costs. The section called for operating statistics, not estimates. USR&E had felt particularly insecure about its ability to estimate administrative costs accurately, so rather extensive questions were asked.

3.3.1 Question 17: Total Administrative Costs

Question 17 asked for total administrative costs of the three most recent fiscal years:

17. What were the total administrative costs in your State for Medicaid in:	
FY 1974	\$ _____
FY 1975	\$ _____
FY 1976	\$ _____

Figure 5 presents these data along with breakdowns of administrative costs as a percent of total costs, administrative costs per recipient, and the MEQC % ineligible error rate. In nearly all states, administrative costs have been rising rapidly over the period. Most dramatic is West Virginia, which experienced nearly a three-fold increase. The obvious reason for West Virginia's increase is that in January, 1975, the state added a medically needy program.

FIGURE 5

TOTAL ADMINISTRATIVE COSTS, ADMINISTRATIVE COSTS
AS PERCENT OF TOTAL COSTS, ADMINISTRATIVE COSTS PER
RECIPIENT, AND MEQC PERCENT INELIGIBLE ERROR RATE

	Administrative Costs, FY 74 (Q. #17)	Administrative Costs, FY 75 (Q. #17)	Administrative Costs, FY 76 (Q. #17)	Total Adminis- trative Costs As % of Benefits Paid, FY 75	Administrative Costs Per Recipient FY 75	MEQC % Ineligible Error Rate (Q. #11)
Alabama (Categorically Needy, 1634)	\$ 4,993,241	\$ 6,584,385	\$ 7,329,077	5.03%	\$20.37	2.5%
Illinois (Medically Needy, 209b)	\$22,901,466	\$ 23,918,806	\$ 29,307,989	3.35%	\$14.95	1.7%
Missouri (Categorically Needy, 209b)	not reported	\$ 3,845,000	\$ 5,158,000	3.87%	\$10.67	3.2%
New York (Medically Needy, 1634)	\$137,381,790	\$104,586,977	\$118,571,454	3.54%	Not Available	25.5%** for non-insti- tutional- ized
North Dakota (Medically Needy, XVI)	\$ 956,633	\$ 1,369,230	\$ 1,602,634	5.95%	\$51.04	1.4%
Oklahoma (Medically Needy, 209b)	\$ 3,959,000	\$ 4,577,000	\$ 5,400,000	3.25%	\$21.09	0.7%
Oregon (Categorically Needy, XVI)	\$ 4,850,000	\$ 6,284,000	\$ 6,918,000	8.19%	\$37.17	2.9%
West Virginia (Medically Needy)	\$ 1,284,446	\$ 2,940,738	\$ 3,761,649	8.79%*	\$23.51*	8.3%
Wisconsin (Medically Needy)	\$ 8,719,461	\$ 8,851,193	\$ 12,269,523	12.45%	\$22.44	6.0%

*West Virginia switched to a medically needy program in January 1976. Thus, figures reflect high number of recipients but low claims since all MN cases were on only part of year.

**New York MEQC % ineligible rate for institutionalized persons is 8%.

One mild surprise is the almost total lack of correlation between the type of state (CN, MN, 209(b), TITLE XVI, 1634) and the level of administrative costs per recipient. We had somewhat anticipated that CN, 1634 states would have lowest costs since very few separate medical eligibility determinations have to be made. We thought CN Title XVI states, which need only to recertify SSI recipients, would be the next least expensive, followed by CN 209(b) states which have to certify all A,B and D cases but have no MN cases, followed by MN 1634 states, then by MN Title XVI. Medically needy 209(b) states were expected to be the most expensive because separate eligibility determinations are necessary for all but AFDC cash recipients. In fact, Alabama, our CN 1634 state, is only the third lowest in costs, and Oklahoma, a MN 209(b) state, averages costs of nearly the same amount. Oregon, a CN Title XVI state which we would expect to have low costs, had the second highest.

It is further evident that these costs are totally uncorrelated with MEQC error rates, dousing any possible theories of obvious connections between administrative expenditures and error rates in our sample.

The reality, of course, is that each state uses very different administrative mechanisms and very different accounting procedures. The connections between type of program, level of error, and administrative expenditures are undoubtedly present in these states, but the inter-state differences in administration and accounting are too great to allow valid cross-sectional comparison.

3.3.2 Question 19: Detailed Breakdown of Administrative Costs

Question 19 asked States to breakdown administrative costs by state and local, salary and other, direct and indirect:

19. Please provide us with as detailed a breakdown of the various components of administrative costs as possible. For fiscal year 1975, please list the total dollars or the percent of total <u>administrative</u> costs attributable to each component you identify.	
	<u>\$ or Percent of Administrative Costs</u>
A. LOCAL OFFICE COSTS	_____
(1) Salary Costs	_____
a. Direct	_____
b. Indirect	_____
(2) Other Costs	_____
a. Direct	_____
b. Indirect	_____
B. STATE-LEVEL COSTS	_____
(1) Salary Costs	_____
a. Direct	_____
b. Indirect	_____
(2) Other Costs	_____
a. Direct	_____
b. Indirect	_____
Total Administrative Costs	_____

Only four states provided us with the full amount of detail, though two others gave partial breakdowns.

On Figure 6, some of the similarities and differences between states can be seen. State costs account for only 43% of the total administrative costs in Oklahoma, but are over 75% in West Virginia,

FIGURE 6

DISTRIBUTION OF ADMINISTRATIVE COSTS BY SALARY AND OTHER,
DIRECT AND INDIRECT, STATE AND LOCAL (Q. #19)

	Salary (as % of total)			Other (as % of total)			Total Administrative Dollars (millions)		
	Direct	Indirect	Direct and Indirect	Direct	Indirect	Direct and Indirect			
Missouri	State	35.9	18.3	54.2	9.4	4.8	14.2	68.4	\$2.630
	Local	26.5	4.3	30.8	0.7	0.1	0.8	31.6	\$1.215
	Total	62.4	22.6	85.0	10.1	4.9	15.0	100.0	\$3.845
North Dakota	State	62.7	5.5	68.2	0.0	0.0	0.0	62.8	\$.860
	Local	20.4	5.0	25.4	3.2	3.2	6.4	31.8	\$.509
	Total	83.1	10.5	93.6	3.2	3.2	6.4	100.0	\$1.369
Oklahoma	State	NA	NA	NA	NA	NA	NA	42.6	\$1.950
	Local	NA	NA	NA	NA	NA	NA	57.4	\$2.627
	Total	NA	NA	NA	NA	NA	NA	100.0	\$4.577
Oregon	State	22.5	5.6	28.1	6.7	15.7	22.4	51.5	\$3.173
	Local	29.8	11.8	41.6	7.2	0.7	7.9	49.5	\$3.111
	Total	52.3	17.4	69.7	13.9	16.4	30.3	100.0	\$6.284
West Virginia	State	45.8	10.4	56.2	0.0	21.9	21.9	78.1	\$1.563
	Local	0.0	16.7	16.7	0.0	5.2	5.2	21.9	\$.437
	Total	45.8	27.1	72.9	0.0	27.1	27.1	100.0	\$2.940*
Wisconsin	State	NA	NA	40.1	NA	NA	7.1	47.2	\$2.300
	Local	NA	NA	50.2	NA	NA	2.6	52.8	\$2.046
	Total	NA	NA	90.2	NA	NA	9.7	100.0	\$8.851**

*Total includes 941,493 for MMIS development not included in State and local figures.

**Total includes money paid to fiscal intermediaries not shown in State and local figures.

even ignoring costs for MMIS development. Salary costs tend to take up about 85% of the budget with a low of 70% in Oregon to a high of 94% in North Dakota. The two states with the highest "other" costs are, not surprisingly, the two reporting states with the greatest degree of automation. At the same time, Wisconsin, which has one of the lowest "other" costs (excluding payments to fiscal intermediaries) does relatively little automatic data processing of applications and claims, leaving the bulk of the work to fiscal intermediaries.

3.3.3 Questions 20-26: Claims Processing and Personnel

To further understand the make-up of administrative costs and to explore the differences between states, USR&E included six questions on personnel and one on claims processing costs:

20. What percentage of your total Medicaid administrative costs are taken up in claims processing?

21. How many eligibility workers do you have who do only Medicaid determinations?

22. How many workers do you have who do eligibility determinations both for Medicaid and for other income maintenance programs?

23. Considering only the time these eligibility workers spend on Medicaid, the combined effort of all those workers who do Medicaid work only part time would be roughly equivalent to how many full time Medicaid workers?

24. How many supervisory personnel do you have involved in eligibility determination on income maintenance and medical assistance programs?

25. Considering only the time these supervisors devote to Medicaid, the combined effort of these supervisory personnel would be equivalent to approximately how many full time supervisors for Medicaid eligibility?

26. How many other persons are involved in Medicaid administration?

Figure 7 details the responses of six states for personnel doing Medicaid only, and the full-time equivalent of persons working on Medicaid part time. Perhaps the most surprising feature is the differences in the number of full time Medicaid eligibility workers for the various states. Alabama, a categorically needy 1634 state, has 34 full time workers, presumably for institutional cases, and Wisconsin, a medically needy 1634 state, has nearly half of its Medicaid staff as full-time workers. At the same time, three other medically needy states and one categorically needy state have almost no full time Medicaid workers. It is clear that the administrative procedures vary tremendously.

Another difference is the number of Medicaid equivalent workers for every Medicaid equivalent supervisor. Wisconsin and Alabama, the states with a large number of full-time Medicaid eligibility specialists, have relatively few supervisors as compared with the other states. Perhaps the specialists become more proficient and need less supervision. Then again, perhaps the correlation is spurious.

Figure 7 also presents the number of workers per thousand recipients. This form of display was chosen over the more traditional caseload ratio because the information seemed less confusing. The rather pleasing result is that just as expected, in states where less eligibility determination is required for Medicaid, there are fewer workers per 1000 recipients. Alabama has by far the lowest value, and the medically needy 209(b) and the medically needy Title XVI states have the highest.

FIGURE 7

PERSONNEL DOING ONLY MEDICAID WORK,
ADMINISTRATIVE COSTS, AND MEQC & INELIGIBLE ERROR RATE

	Full Time Medicaid Eligibility Workers (Q. #21)	Full Time Equivalent of Workers who do Medicaid Part of the time (Q. #23)	Total Full Time Equivalent Medicaid Workers	Total Full Time Equivalent Medicaid Supervisors (Q. #25)	Workers per Supervisor	Eligibility Workers and Supervisors per 1,000 Recipients	Administra- tive \$ per Recipient FY 75	MEQC & Ineligible Error Rate
Alabama (Categorically Needy, 1634)	34	24	58	5	11.6	.17	\$20.37	2.5
North Dakota (Medically needy, XVI)	1	26	27	8	3.4	1.30	\$51.04	1.4
Oklahoma (Medically Needy, 209b)	0	200	200	80	2.5	1.29	\$21.09	0.7
Oregon (Categorically Needy, XVI)	0	64	64	9	7.1	.42	\$37.17	2.9
West Virginia (Medically Needy, 1634)	0	83	83	13	6.4	.65	\$23.51	8.3
Wisconsin (Medically Needy, 1634)	80	86	166	16	10.4	.44	\$22.44	6.0

But when we compare these figures to average cost per recipient, the results are almost shocking. There seems to be almost no correlation between average number of workers per thousand recipients and average administrative costs. Alabama averages almost the same level of administrative costs as Oklahoma, even though it has less than 1/7th the workers per recipient. MEQC error rates also seem totally uncorrelated with manpower rates.

Figure 8 suggests some of the reasons why costs vary so differently from number of eligibility workers. Claims processing costs range from 13 to 51% of total administrative costs. In the two states where these processing costs run about 50% of total administrative costs, fiscal intermediaries are contracted with to handle clients. The figures suggest that fiscal intermediaries are far more expensive than in-house claims processing. It is possible, of course, that accounting methods do not fully capture the costs of the in-house claims processing.

Subtracting off claims processing costs from each states' figures does lower Alabama's costs to the lowest of any reporting state, but they still average close to the same level as Wisconsin. Since Alabama has few eligibility workers and contracts out for its claims processing, it is a bit perplexing as to just where the money is spent. It should be pointed out, however, that Alabama did seem to have one of the best information and data systems.

Figure 8 also explores the average number of total workers in all programs per Medicaid recipient. We were curious as to whether the average number of workers per recipient involved in all Medicaid-related eligibility (includes AFDC workers, MA workers, etc.) was at all consistent across states. As seen in Column 3 of Figure 8, no consistency appears.

FIGURE 8

PERSONNEL DOING SOME MEDICAID WORK,
ADMINISTRATIVE COSTS, AND CLAIMS PROCESSING COSTS

	# workers who do eligibility both for Medicaid and other programs (Q. #23)	# supervisors for both Medicaid and other programs (Q. #24)	Total workers and supervisors (Q. #21,22,24) per 1,000 recipients	# of other persons working on Medicaid	Total persons (Q. #21,22,24, 26) per 1,000 recipients	% of administrative \$ spent on claims processing (Q. #20)	Administrative \$ per recipient FY 1975	Non-claims processing administrative costs per recipient
Alabama (CN, 1634)	473	85	1.8	1,300	5.9	50%	\$20.37	10.19
North Dakota (MN, XVI)	88	44	4.9	65	7.4	NA	\$51.04	NA
Oklahoma (MN, 209b)	600	120	3.3	200	4.2	22%	\$21.09	16.45
Oregon (CN, XVI)	578	82	3.9	208	5.1	13%	\$37.17	32.33
West Virginia (MN, 1634)	761	102	5.9	51	6.2	28%	\$23.51	16.69
Wisconsin (MN, 1634)	413	67	1.3	199	1.8	51%*	\$22.44	11.00

*Wisconsin claims processing costs as percent of administrative costs fell to 40% in FY 76.

3.4 Special Information

3.4.1 Question 27: Grandfathered Cases Currently Eligible

To get a sense of how significant grandfathered adult cases are today, USR&E asked:

27. How many persons would you estimate are currently eligible for medical assistance as a result of being "grandfathered" in under SSI conversion in 1974?

Aged _____

Blind and Disabled _____

Figure 9 details the results. It is clear that in some states grandfathered cases remain a significant portion of the caseload, as high as 30% of disabled and blind recipients in North Dakota. It ought to be noted, however, that a couple of states confused the question to mean how many grandfathered cases existed at the time of conversion. USR&E believes that these figures now reflect a correct understanding of the question, but it is possible that one or another state's data reflect this misinterpretation.

3.4.2 Question 28: Data Routinely Collected

Finally, in question 28, USR&E sought to discover what other information the state had which might be readily available for use by USR&E or any other officials in doing cost estimates. The question read:

28. Do you routinely collect information on:

(a) Age groups more detailed than "adult" and "child"? _____
If yes, please specify _____

(continued next page)

FIGURE 9

NUMBER OF GRANDFATHERED PERSONS CURRENTLY ELIGIBLE (Q. #27)
AND PERCENT OF RECIPIENTS BY CATEGORY

	Current Number Aged Grandfathered Persons	Current Aged Grandfathered Persons as % Aged Recipi- ents in FY 75	Current # Blind and Disabled Grandfathered Cases	Current Blind and Disabled Grandfathered Persons as a % B&D recipients FY 75
Alabama	12,860	10.7%	2,228	5.3%
Illinois	4,610	4.2%	21,711	11.0%
North Dakota	744	11.4%	877	29.4%
Oregon	165-330	0.9-1.8%	330-660	1.8-3.7%
West Virginia	400	1.9%	400	1.9%
Wisconsin	12,000	12.5%	8,000	17.6%

(b) Three way cross-tabulations of age (adult, children) by sex, by eligibility category (AFDC, aged, blind and disabled)? _____

(c) Numbers of enrollees rather than numbers of recipients of services? _____

(d) Numbers and expenses of spend-down cases? _____

The results are tabulated in Figure 10. Of the eight States reporting, only three do age classifications more detailed than adult and child for all categories of recipients; four States do 3-way cross tabs of age, sex, and eligibility categories; only four States routinely collect data on enrollees; and only one has complete spend-down data.

USR&E believes most of this information is essential for any sort of cost analytic purposes. The government does not even know how many persons were protected by a program which cost \$13 billion in FY 1975. Spend-down cases are important and ought to be treated as such. They are a very different group of recipients and their claims experience ought to be examined closely.

It is clear that both States and the Federal government have need for this sort of information. It seems likely though, that unless States are asked to provide such information, this deplorable data gap in Medicaid will persist.

3.5 Charts I and II

On Charts I and II, USR&E asked for data we deemed essential for making reliable cost estimates. Seven of the nine states were able to provide some figures on numbers of enrollees. Unfortunately, two of the largest states, New York and Wisconsin, had none, and Illinois had no unduplicated yearly figures. The charts received are included in the appendix. The analysis of these charts is provided here, but they will be used continually in deriving the final cost estimates. The final methodology report will deal in detail with how these were used.

FIGURE 10

INFORMATION ROUTINELY COLLECTED BY STATES (Q. #28)

	Age Groups More Detailed Than "Adult" and "Child"	3 Way Cross- tabs of Age/ Sex/Eligibility Category	Number of Enrollees	Number Expenses of Spend-down Cases
Alabama	Yes	No	Yes	N/A
Illinois	No	Yes	Yes	No
New York	Yes for CN	No	No	No
North Dakota	No	Yes	Yes	No
Oklahoma	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	No*	N/A
West Virginia	No	No	No	Expenses only
Wisconsin	No	No	No	No

*Oregon collects number of enrollees for payment cases only.

4.0 Concluding Remarks

USR&E feels satisfied that it has a reasonably thorough understanding of the data available for cost estimation purposes. In our final methodological report, we will collect this information in as useable a form for policy makers as possible. The data are sparse; their precision, questionable. Nonetheless, we hope that we have found sufficient information to allow ballpark estimates.

We do feel one strong recommendation is appropriate at this time. The Federal government needs more and better data on Medicaid. Why the number of recipients is collected rather than the number of enrollees is hard to fathom. What is relevant for policy purposes would seem to be the number of persons protected by Medicaid, not the number receiving services. At a minimum, both should be collected. Most States indicated that such information could be supplied at low cost given sufficient advance notice. As it is some of the largest States do not even bother to collect such numbers. It is our urgent suggestion that notice be given soon.

One final but very important note should be made. Although we have at times been critical of some States' data-generating capabilities, we must express the deep gratitude we feel to all the States who participated in the study generally and the cost estimation portion particularly. They were uniformly desirous to be of whatever help they could. They all deserve high praise for their efforts.

APPENDIX:

COST ESTIMATION WORKSHEET

FIGURE 11--VALUES USED IN ESTIMATION

CHARTS I AND II

COST ESTIMATION WORKSHEET

Cost Estimation Worksheet

Hypothetical Changes in Eligibility Provisions

In medically needy only States:

1. How many additional persons would you estimate to be eligible for Medicaid if the MA-AFDC monthly benefit level were increased by \$10? _____
2. How many additional persons would you estimate to be eligible for Medicaid if the MA-SSI monthly benefit level were increased by \$10? _____

In categorically needy only States:

1. How many additional persons would you estimate to be eligible for Medicaid if the AFDC monthly benefit level were increased by \$10? _____
2. How many additional persons would you estimate to be eligible for Medicaid if the SSI monthly benefit level were increased by \$10? _____

Questions 3 and 4 apply only to Title XVI and 1902(f) States:

3. How much would you estimate annual Medicaid payments to increase if if a policy were instituted in your State which eliminated all deeming of income from spouses or parents to aged, blind, and disabled persons who are institutionalized in a Title XIX facility? (Note: If your State already follows this policy, please disregard this question.) \$ _____
4. How much would you predict your annual Medicaid costs to increase if a policy were instituted in your State allowing transfer of assets by aged, blind, and disabled persons any time prior to application for Medicaid? (Note: If your State already follows this policy, please disregard this question.) \$ _____
5. How many fewer persons do you estimate would be eligible for AFDC-related medical assistance if all deductions for work-related expenses were eliminated for purposes of determining AFDC and MA-AFDC eligibility? _____
6. How many more or fewer persons do you estimate would be eligible for AFDC-related medical assistance if a flat \$80 earned income disregard were used instead of deducting specific work-related expenses in determining eligibility for AFDC and MA-AFDC cases? _____

7. By what dollar amount would you estimate administrative costs (including the costs of eligibility determination) would rise if 100 more persons became eligible for Medicaid?* \$ _____

1,000 or more? \$ _____
10,000 or more? \$ _____
100,000 or more? \$ _____

Both Questions 8 and 9 apply only to Title XVI and 1902(f) States:

8. How much would your State's annual Medicaid administrative costs decrease if a policy were instituted in your State which eliminated all deeming of income from parents or spouses to aged, blind, and disabled persons who are institutionalized in a Title XIX facility?

\$ _____

9. How much would your State's annual Medicaid administrative costs decrease if a policy were instituted allowing transfer of assets for aged, blind, and disabled persons any time prior to application? (Note: If your State already follows this policy, please disregard this question.)

\$ _____

10. How much would you estimate would be saved in administrative costs on average for each AFDC-related case if all deductions for work expenses were eliminated and a flat disregard were used?

\$ _____

Hypothetical Changes in Administrative Regulations or Procedures

11. From MEQC data, what percentage of all persons enrolled in Medicaid in your State should actually be ruled ineligible for the program?

12. How much would you estimate you would have to increase administrative costs to reduce this percentage to:

10% _____
7.5% _____
5% _____
2.5% _____

*Note: Assume the extra persons are distributed (both geographically and categorically) in the same proportion as the current caseload.

For Medically Needy and 209(b) and Title XVI States Only:

13. From MEQC data, what percentage of persons in each of the following groups(s) should actually be ruled ineligible for Medicaid

Categorically needy aged, blind, and disabled cases
(1902(f) and Title XVI States only) _____

Medically needy aged, blind, and disabled cases
(medically needy States only) _____

MA-AFDC cases
(medically needy States only) _____

14. How much would you estimate your administrative costs to increase if 95% of all Medicaid eligibility determinations had to be completed in thirty days? \$ _____

15. What do you estimate the developmental cost to the State would be to give each local welfare office reasonable access to "on line" automatic data processing terminals? \$ _____
What would yearly maintenance costs be? \$ _____

16. Could you provide us with any estimates you have of the cost of upgrading your current data processing system in some way? Please describe the change and its costs below.

Total Administrative Costs

17. What were the total administrative costs in your State for Medicaid in:

FY 1974 \$ _____

FY 1975 \$ _____

FY 1976 \$ _____

18. On what date does each fiscal year begin? _____

Detailed Breakdown of Administrative Costs

19. Please provide us with as detailed a breakdown of the various components of administrative costs as possible. For fiscal year 1975 please list the total dollars or the percent of total administrative costs attributable to each component you identify.

	<u>\$ or Percent of Administrative Costs</u>
A. LOCAL OFFICE COSTS	_____
(1) Salary Costs	_____
a. Direct	_____
b. Indirect	_____
(2) Other Costs	_____
a. Direct	_____
b. Indirect	_____
B. STATE-LEVEL COSTS	_____
(1) Salary Costs	_____
a. Direct	_____
b. Indirect	_____
(2) Other Costs	_____
a. Direct	_____
b. Indirect	_____
Total Administrative Costs	_____

Note: Please put an asterisk (*) after any number which is an estimate rather than an actual operating statistic.

20. What percentage of your total Medicaid administrative costs are taken up in claims processing? _____ %

Personnel

21. How many eligibility workers do you have who do only Medicaid determinations? _____
22. How many workers do you have who do eligibility determinations both for Medicaid and for other income maintenance programs? _____

23. Considering only the time these eligibility workers spend on Medicaid, the combined effort of all those workers who do Medicaid work only part time would be roughly equivalent to how many full time Medicaid workers? _____

(Note: We realize, of course, that the work these workers do could not possibly be done efficiently by full time workers. We are only trying to get a sense of the total work involved in doing Medicaid determination.)

24. How many supervisory personnel do you have involved in eligibility determination on income maintenance and medical assistance programs? _____

25. Considering only the time these supervisors devote to Medicaid, the combined effort of these supervisory personnel would be equivalent to approximately how many full time supervisors for Medicaid eligibility? _____

26. How many other persons are involved in Medicaid administration? _____

Special Information

27. How many persons would you estimate are currently eligible for medical assistance as a result of being "grandfathered" in under SSI conversion in 1974?

Aged _____ Blind and Disabled _____

28. Do you routinely collect information on:

(a) Age groups more detailed than "adult" and "child"? _____
If yes, please specify: _____

(b) Three way cross-tabulations of age (adult, children) by sex, by eligibility category (AFDC, aged, blind and disabled)? _____

(c) Numbers of enrollees rather than numbers of recipients of services? _____

(d) Numbers and expenses of spend-down cases? _____

Note: Please put an asterisk (*) after any number which is an estimate rather than an actual operating statistic.

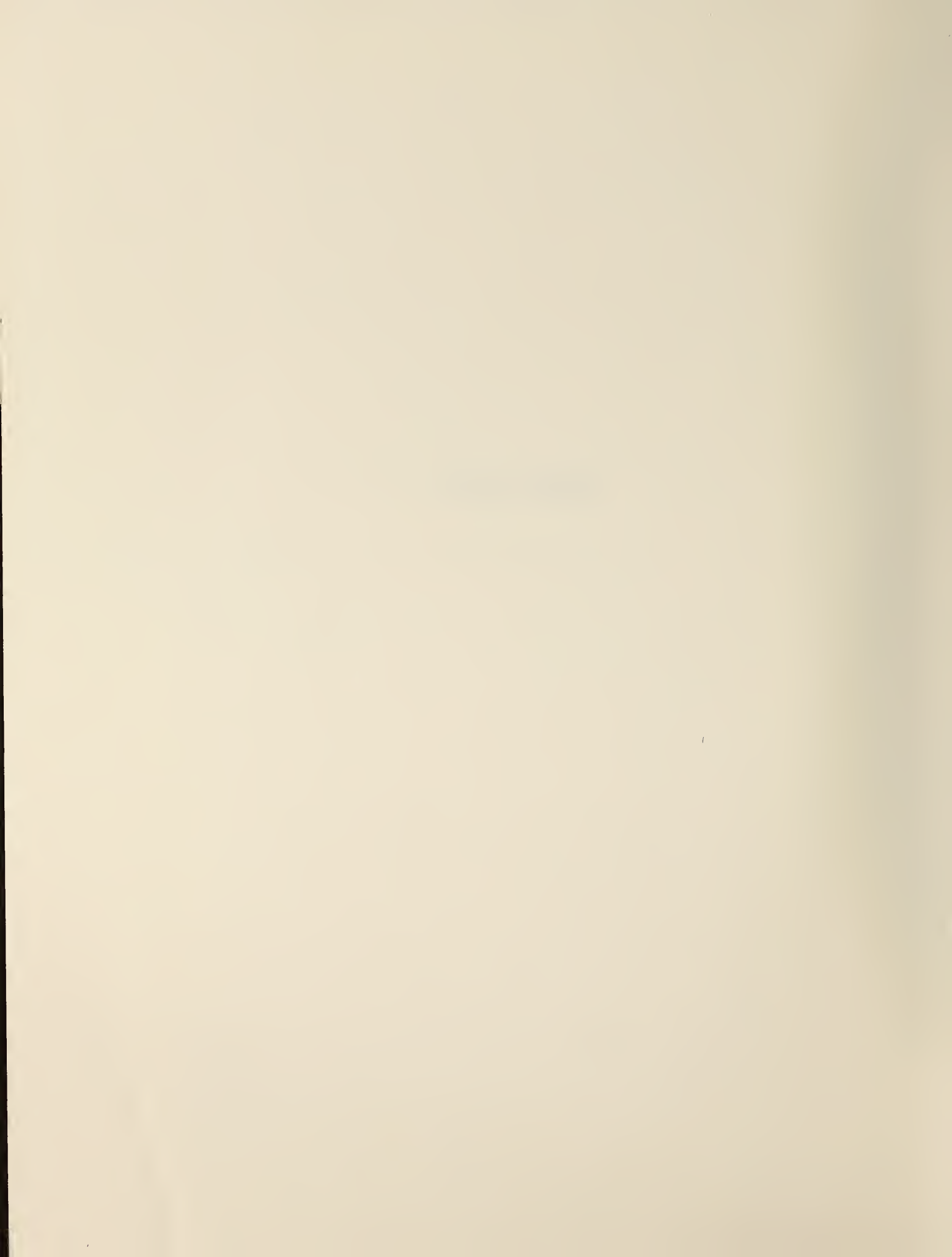
FIGURE 11: VALUES USED IN ESTIMATION

Figure 11: Values Used in Estimation

	Total Benefit Payments FY 1975	Unduplicated Yearly Recipients FY 1975	Unduplicated AFDC-Related Recipients FY 1975	Unduplicated A, B, and D Recipients FY 1975	Unduplicated Aged Recipients FY 1975	Unduplicated Blind & Disabled Recipients FY 1975
ALABAMA	\$130,993	323,248	161,051	162,197	120,540	41,657
ILLINOIS	713,654	1,599,960	1,295,991	303,969	107,932	196,037
MISSOURI	99,284	360,301	218,017	122,219	89,640	32,579
NEW YORK	2,953,608	NA	NA	NA	NA	NA
NORTH DAKOTA	22,994	26,828	16,872	9,496	6,516	2,980
OKLAHOMA	140,647	216,978	127,010	85,311	58,803	26,508
OREGON	76,761	169,049	133,061	35,998	17,983	18,005
WEST VIRGINIA	33,461	125,099	83,411	41,688	20,561	21,127
WISCONSIN	360,571	418,562	277,012	141,550	95,993	45,557

Source: NCSS data

CHARTS I AND II



PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Unduplicated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Unduplicated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Unduplicated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	115,942	\$ 7,409	132,735	\$88,903								
BLIND												
- persons	2,150	\$ 107	2,461	\$ 1,283								
- adults												
- children												
DISABLED												
- persons	39,604	\$ 2,563	52,219	\$30,761								
- adults												
- children												
AFDC												
- families												
- persons	161,191	\$ 2,901	218,043	\$34,806								
- adults		\$ 1,601		\$19,213								
- children		\$ 1,299		\$15,593								
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children			2,077	\$ 104								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	323,887	\$12,979	405,458	\$155,752								
- Persons												

*All dollar figures are in thousands.

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED			17,308	\$56,597								
- persons												
BLIND												
- persons			880	\$ 328								
- adults												
- children												
DISABLED												
- persons			2,630	\$ 9,347								
- adults												
- children												
AFDC												
- families												
- persons			16	\$ 430								
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children												
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be elig- ble if paid own day care costs												
- other												
TOTAL	11,360	\$ 5,571	20,042	\$66,849								
- Persons												

*All dollar figures are in thousands

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	27,527	\$ 2,480		\$29,761	42,496	\$10,271		\$123235				
BLIND												
- persons	1,488	\$ 125		\$ 1,501	320	62		\$ 746				
- adults												
- children												
DISABLED												
- persons	73,862	\$10,965		\$131576	27,254	\$ 6,884		\$82,614				
- adults												
- children												
AFDC - Comb.												
- families	212,751	\$26,788		\$321458	4,030	\$ 1,034		\$12,413				
- persons	773,982	\$26,788		\$321458	12,401	\$ 1,034		\$12,413				
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	5,229	106		\$1,273	\$15,320	\$ 407		\$ 4,887				
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	882,088	\$ 40,464		\$485569	97,791	\$18,658		\$223895				
- Persons												

*All dollar figures are in thousands.

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	3,695	\$ 1,440		\$17274	24,614	\$8,517		102210				
BLIND												
- persons	103	\$ 41		\$ 494	113	39		463				
- adults												
- children												
DISABLED												
- persons	8,510	\$ 2,891		\$34693	8,978	\$2,678		32,141				
- adults												
- children												
AFDC - Comb.												
- families												
- persons	27	\$ 10		\$ 122	10	\$ 2		25				
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	11	\$ 9		\$ 104	77	\$ 61		733				
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	12,346	\$4,391		\$52,687	33,792	\$11,297		\$135572				
- Persons												

*All dollar figures are in thousands

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	79,244	\$ 3,249	\$ 92,874	\$38,991								
BLIND												
- persons	3,474	\$ 145	4,330	\$ 1,745								
- adults	3,428		4,273									
- children	46		57									
DISABLED												
- persons	26,428	\$ 1,405	33,917	\$16,857								
- adults	26,116		33,517									
- children	312		400									
AFDC Comb												
- families	82,253	\$ 3,446	107,779	\$41,347								
- persons	278,059		360,296									
- adults	65,885		87,301									
- children	212,174		272,995									
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	3,000	\$ 28	3,016	\$ 334								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it	11,300	\$ 632	22,531	\$ 7,579								
- would be eligible if paid own day care costs												
- other												
TOTAL	401,505	\$ 8,904	516,964	\$106854								
- Persons												

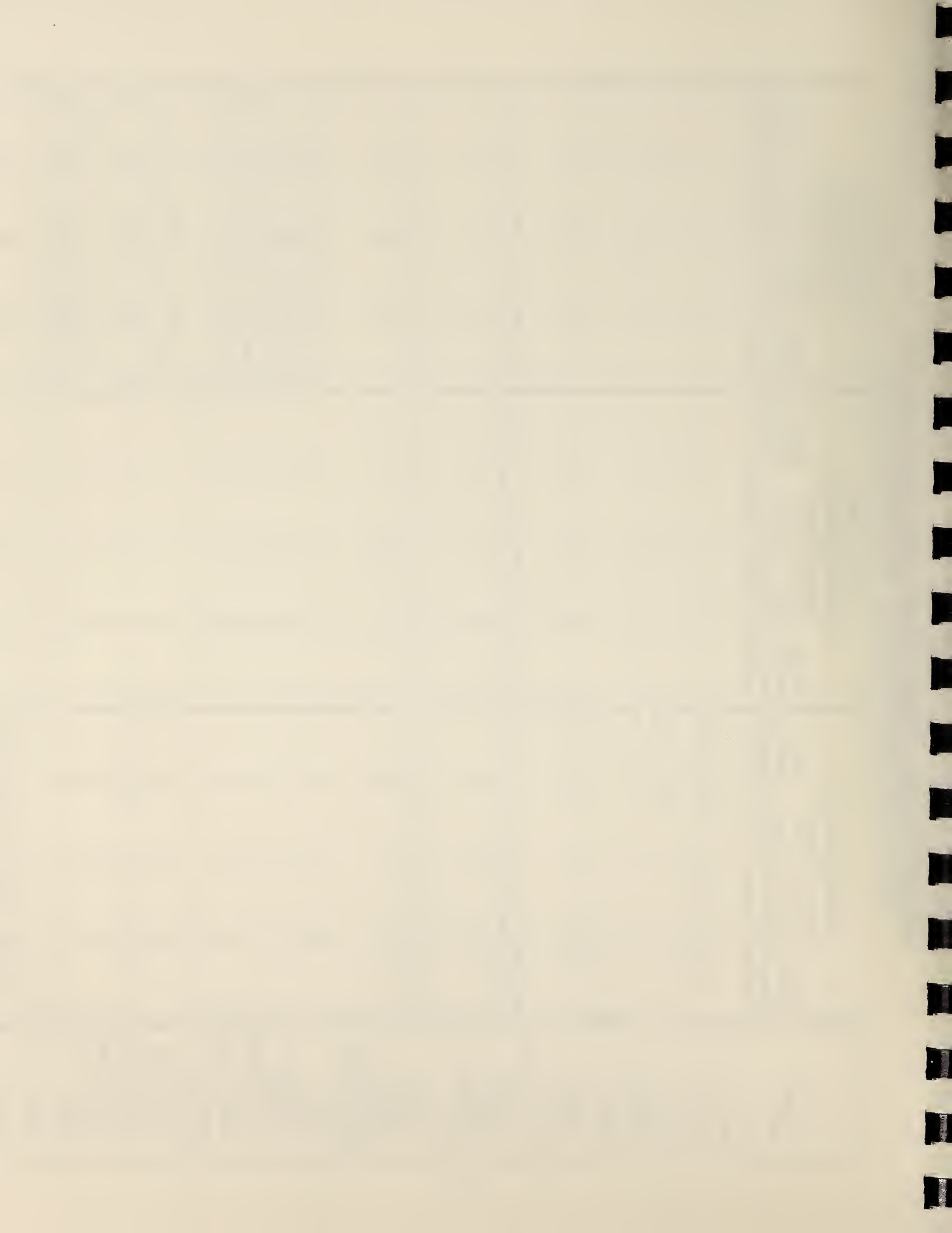
*All dollar figures are in thousands.

MISSISSAUGA
CHARTER

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	3,614	\$ 1,454	7,182	\$17,443								
BLIND												
- persons	130	\$ 53	241	\$ 638								
- adults												
- children												
DISABLED												
- persons	747	\$ 321	2,122	\$ 3,848								
- adults												
- children												
AFDC - Comb												
- families												
- persons												
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children												
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it	18	\$ 8	50	\$ 94								
- would be eligible if paid own day care costs												
- other												
TOTAL	4,509	\$ 1,835	\$ 9,596	\$22,023								
- Persons												

*All dollar figures are in dollars.



All 209(b) States were asked to fill in this additional page.
Missouri was the only state to complete it.

(In 1902(f) States only). Please estimate the costs per person and the number of aged, blind, and disabled persons in fiscal year 1975 eligible for medical assistance as a result of spending down to the State's categorically needy level. PLEASE EXCLUDE ALL MEDICALLY NEEDY SPEND-DOWNERS.

MISSOURI
1902 (f) SPEND-DOWNERS ONLY

	Average monthly number of enrollees	Monthly total Medicaid dollars	Unduplicated Annual # of Enrollees	Total Medicaid Dollars in FY 1975
Aged	61	\$ 2,573		\$30,878
Blind	0	0		0
Disabled	51	\$12,511		\$150,133
Total	112	\$15,084		\$181,011

Note: Dollars are not in thousands on this table.

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	3,461	\$ 304	4,144	\$3,651	2,707	\$ 809	3,966	\$9,705				
BLIND												
- persons	54	\$ 2	65	\$ 28	10	\$ 2	15	\$ 22				
- adults												
- children												
DISABLED												
- persons	2,155	\$ 274	2,580	\$3,288	501	\$ 129	734	\$1,544				
- adults												
- children												
AFDC												
- families	4,534	\$ 412	6,780	\$4,940	300	\$35,173	439	\$ 422				
- persons	14,056	\$ 412	21,018	\$4,940	930	\$35,173	1361	\$ 422				
- adults	3,935	\$ 219	5,884	\$2,627	260	\$22,460	380	\$ 269				
- children	10,121	\$ 193	15,134	\$2,312	670	\$12,731	981	\$ 152				
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	697	\$22,368	1,042	\$ 268								
- subsidized adoption												
- in psychiatric hospital					3	\$ 8	23	\$ 102				
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	20,432	\$ 1,014	28,849	\$12,175	4,151	\$ 983	6,099	\$11,796				
- Persons												

*All dollar figures are in thousands.

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	419	\$ 156	939	\$ 1874	1868	\$ 721	3408	\$ 8650				
BLIND												
- persons	3	\$ 1	7	\$ 13	4	\$ 1	9	\$ 17				
- adults												
- children												
DISABLED												
- persons	205	\$ 82	410	\$ 980	178	\$ 63	337	\$ 751				
- adults												
- children												
AFDC												
- families												
- persons	3	\$ 1	14	\$ 16								
- adults	3	\$ 1	9	\$ 15								
- children	< 1		5	\$ 1								
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	2	\$ 1	2	\$ 13								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21					3	\$ 8	23	\$ 101				
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be elig- gible if paid own day care costs												
- other												
TOTAL	632	\$ 241	1372	\$ 2896	2053	\$ 793	3777	\$ 9519				
- persons												

*All dollar figures are in thousands

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	28,526	\$ 4,911		\$58,932	3,651	\$1,392	3,721	\$16699	2,020	\$ 834	2,061	\$10,020
BLIND												
- persons	355	\$ 63		\$ 761								
- adults												
- children												
DISABLED												
- persons	10,608	\$ 2,637		\$31,646	3,021	\$1,152	3,080	\$13,820	1,672	\$ 691	1,706	\$8,292
- adults												
- children												
AFDC -												
- families												
- persons	18,556	\$ 1,773		\$21,273	5,917	\$2,255	6,031	\$27064	3,275	\$1,353	3,340	\$16,239
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children												
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	58,046	\$ 9,384		\$112612	12,589	\$ 4,799	12,832	\$57584	6,967	\$2,879	7,107	\$34,550
- Persons												

*All dollar figures are in thousands.

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	11,576	\$ 4,025		\$48,316	2,805	\$1,178	4,106	\$14,140	1,931	\$ 813	2,826	\$9,757
BLIND												
- persons	138	\$ 40		\$ 477								
- adults												
- children												
DISABLED												
- persons	4,034	\$ 1,622		\$19,459	935	\$ 393	1,368	\$ 4,713	644	\$ 271	942	\$3,252
- adults												
- children												
AEDC -												
- families												
- persons	16	\$ 7		\$ 78	1,760	\$ 739	1,576	\$ 8,872	1,211	\$ 510	1,774	\$6,122
- adults												
- children												
AEDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children												
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	15,944	\$5,693		\$68,331	5,500	\$2,311	8,050	\$27,726	3,786	\$ 1,594	5,542	\$19,131
- Persons												

*All dollar figures are in thousands.

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	13,905	\$ 2,073	16,212	\$24,879								
BLIND												
- persons	962	\$ 143	993	\$ 1,714								
- adults	863		891									
- children	99		102									
DISABLED												
- persons	12,471	\$ 1,694	14,411	\$20,330								
- adults	11,787		13,621									
- children	684		790									
AFDC												
- families	82,412	\$ 1,731	121,663	\$20,775								
- persons	24,739		36,522									
- adults	56,673		85,141									
- children												
AFDC-UP												
- families												
- persons	20,517	\$ 431	41,536	\$ 5,172								
- adults	9,516		19,265									
- children	11,001		22,143									
OTHER CHILDREN UNDER 21												
- foster children	4,857	\$ 110	12,143	\$ 1,320								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it	Included	Above										
- would be eligible if paid own day care costs												
- other												
TOTAL	135,124	\$ 6,182	206,958	\$74,189								
- Persons												

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	5,528	\$ 1,772	7,861	\$21,263								
BLIND												
- persons	226	\$ 114	276	\$ 1,369								
- adults	173		211									
- children	53		65									
DISABLED												
- persons	2,712	\$ 1,070	3,024	\$12,840								
- adults	2,212		2,467									
- children	500		557									
AFDC												
- families												
- persons	481	\$ 270	1,924	\$3,238								
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	73	\$ 36	100	\$ 431								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	9,020	\$ 3,262	13,085	\$39,141								
- Persons												

*All dollar figures are in thousands

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	14,391	\$ 2,356	17,722	\$30,430								
BLIND												
- persons	940	\$ 176	1,041	\$ 2,111								
- adults	843											
- children	97											
DISABLED												
- persons	13,015	\$ 2,170	15,864	\$26,037								
- adults	12,301		14,994									
- children	714		870									
AFDC												
- families												
- persons	92,253	\$ 2,232	130,247	\$26,782								
- adults	27,693											
- children	64,560											
AFDC-UP												
- families												
- persons	22,577	\$ 546	47,067	\$6,554								
- adults	10,471											
- children	12,106											
OTHER CHILDREN UNDER 21												
- foster children	4,439	\$ 114	11,098	\$ 1,365								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	147,615	\$ 7,773	223,039	\$93,280								
- Persons												

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average Monthly Total Medicaid Payments	Unduplicated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average Monthly Total Medicaid Payments	Unduplicated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average Monthly Total Medicaid Payments	Unduplicated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons	5,600	\$ 2,182	8,243	\$26184								
BLIND												
- persons	236	\$ 146	275	\$1,755								
- adults	181		211									
- children	55		64									
DISABLED												
- persons	2,409	\$ 1,469	3,092	\$17627								
- adults	1,965		2,522									
- children	444		570									
AFDC												
- families												
- persons	478	\$ 440	2,750	\$4,079								
- adults												
- children												
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children	41	\$ 22	56	\$ 265								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid												
- own day care costs												
- other												
TOTAL	8,767	\$ 4,159	14,416	\$49910								
- Persons												

*All dollar figures are in thousands

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED												
- persons		\$ 570	↑	\$ 6,835		\$ 35	747	\$ 426				
BLIND												
- persons		\$ 21		246			2	\$ 1				
- adults												
- children												
DISABLED			35,376									
- persons		\$ 658		\$ 7,901		\$ 24	512	\$ 292				
- adults												
- children			✓									
AFDC - Comb.												
- families			↑									
- persons		\$ 1,128		\$ 13,546		\$ 111	2,335	\$ 1,330				
- adults												
- children												
AFDC-HP			72,484									
- families				\$ 1,021								
- persons		\$ 85				\$ 92	1,931	\$ 1,100				
- adults												
- children			✓									
OTHER CHILDREN UNDER 21												
- foster children		\$ 10		\$ 124								
- subsidized adoption												
- in psychiatric hospital												
- other children under 21		\$ 5		\$ 67								
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL		\$ 2,478	\$ 107,860	\$ 29,741		\$ 262	\$ 5,527	\$ 3,149				
- persons												

*All dollar figures are in thousands.

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY			MEDICALLY NEEDY (INCLUDING SPEND-DOWN)			MEDICALLY NEEDY SPEND-DOWN ONLY		
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Average Monthly Total Medicaid Payments	Total* Medicaid Payments, FY 1975
AGED									
- persons	740	\$ 296		\$ 3557					
BLIND									
- persons	7	3		\$ 33					
- adults									
- children									
DISABLED									
- persons	135	\$ 54		\$ 648					
- adults									
- children									
AFDC - Comb.									
- families									
- persons	3	\$ 1		\$ 15					
- adults									
- children									
AFDC-UP									
- families									
- persons	0	0		0					
- adults									
- children									
OTHER CHILDREN UNDER 21									
- foster children	75	\$ 6		\$ 68					
- subsidized adoption									
- In psychiatric hospital									
- other children under 21									
OTHER GROUPS									
- eligible for cash but not receiving it									
- would be eligible if paid own day care costs									
- other									
TOTAL	960	\$ 360		\$ 4322	1051	\$ 231	2,776		
- Persons									

*All dollar figures are in thousands

PROGRAM ESTIMATES - ALL ENROLLEES, FY 1975

Note: These are figures for Recipients not enrollees.

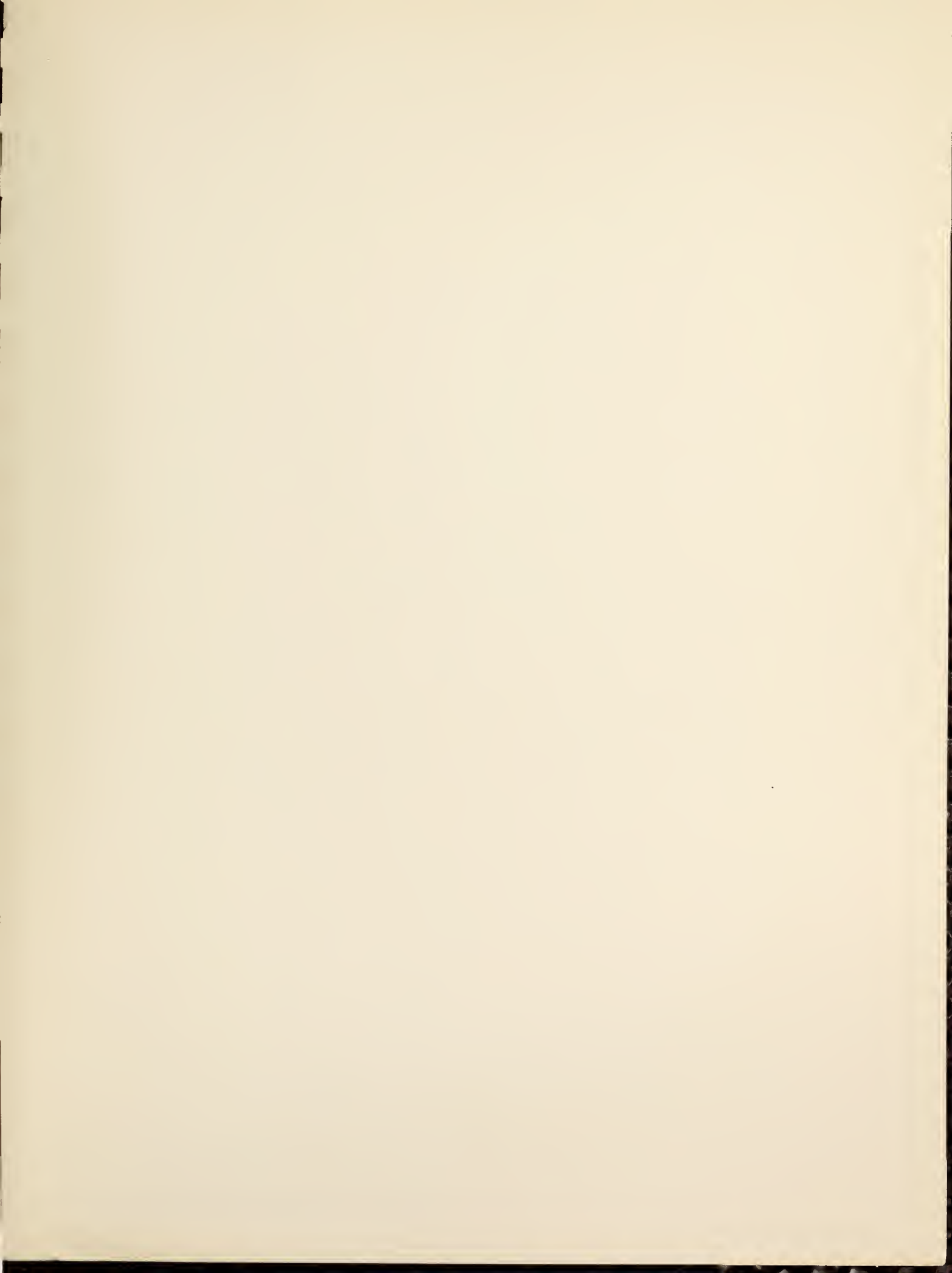
CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total * Medicaid Payments, FY 1975
AGED												
- persons	37,597	\$13,564	86,692	\$162,774		\$ 153	8,562	\$ 1,844				
BLIND												
- persons	873	\$ 162	2,035	\$ 1,953		\$ 3	65	\$ 35				
- adults												
- children												
DISABLED												
- persons	21,836	\$ 8,335	50,350	\$100,018		\$ 255	3,554	\$ 3,057				
- adults												
- children												
AFDC												
- families												
- persons	110,711	\$ 6,712	255,429	\$80,544		\$ 917	46,393	\$11,005				
- adults	26,354	\$ 3,412	60,782	\$40,949								
- children	84,417	\$ 3,300	194,647	\$39,599		\$ 917	46,393	\$11,005				
AFDC-UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children												
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL	171,017	\$28,774	394,506	\$345,295		\$ 1328	58,574	\$15,942				
- persons												

*All dollar figures are in thousands.

PROGRAM ESTIMATES - PERSONS RECEIVING MEDICAID RESIDING IN
TITLE XIX LONG TERM CARE MEDICAL INSTITUTIONS, FY 1975

CATEGORICAL GROUP	CATEGORICALLY NEEDY				MEDICALLY NEEDY (INCLUDING SPEND-DOWN)				MEDICALLY NEEDY SPEND-DOWN ONLY			
	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Enrollees	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975	Average Monthly Number of Dollars	Average* Monthly Total Medicaid Payments	Undupli- cated Annual Number of Enrollees	Total* Medicaid Payments, FY 1975
AGED			18,880	\$13,917								
- persons												
BLIND												
- persons			130									
- adults												
- children												
DISABLED												
- persons			4,499	\$ 6,451								
- adults												
- children												
AFDC												
- families												
- persons												
- adults			17									
- children			17									
AFDC- UP												
- families												
- persons												
- adults												
- children												
OTHER CHILDREN UNDER 21												
- foster children												
- subsidized adoption												
- in psychiatric hospital												
- other children under 21												
OTHER GROUPS												
- eligible for cash but not receiving it												
- would be eligible if paid own day care costs												
- other												
TOTAL			23,543	\$20,368								
- Persons												

*All dollar figures are in thousands



CMS LIBRARY



3 8095 00014455 6